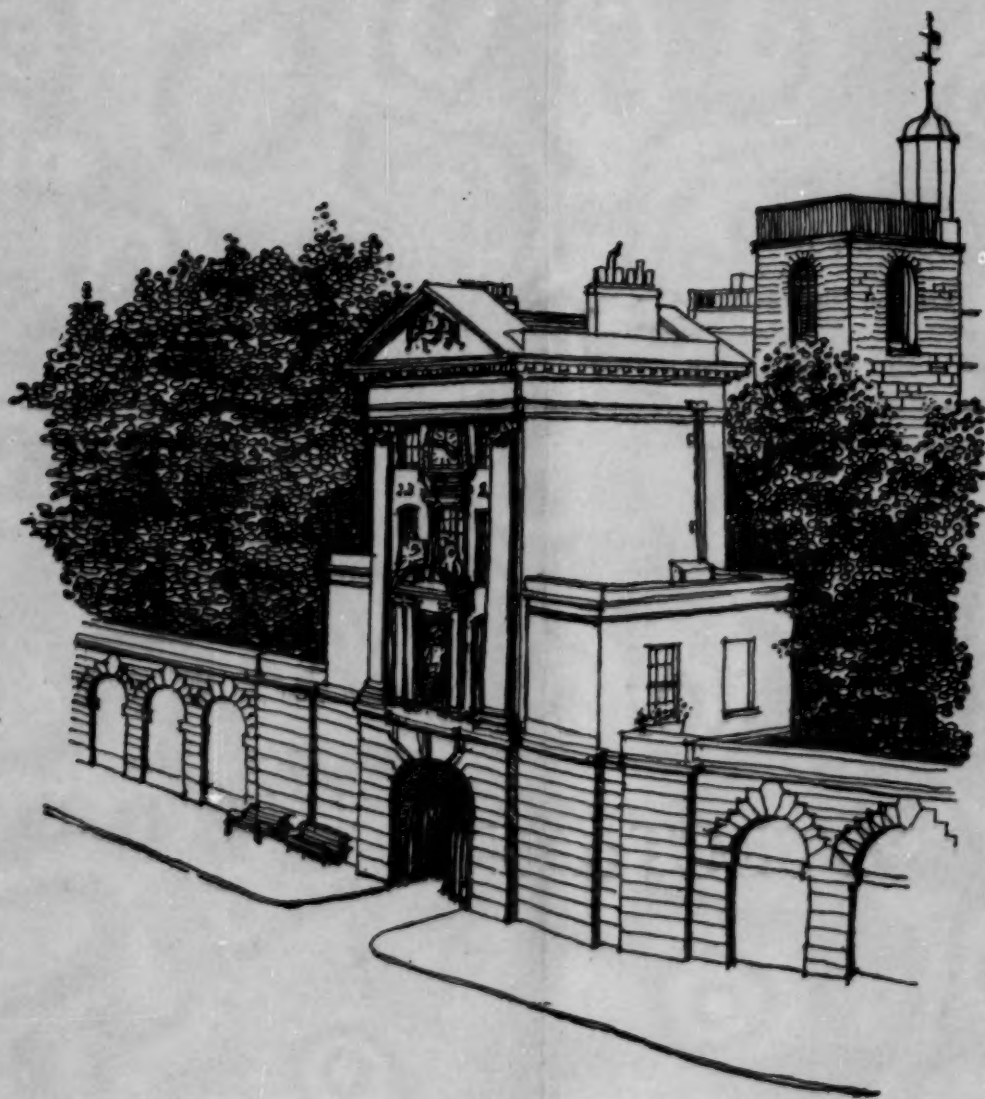


ST. BARTHOLOMEW'S HOSPITAL JOURNAL



VOL LVIII

DECEMBER 1954

No 12

ST. BARTHOLOMEW'S HOSPITAL JOURNAL

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December, 1954

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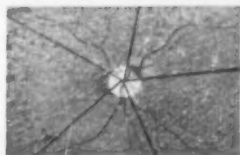
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Space doesn't permit us to print the rest of this delightful medical essay—which appeared originally in The Times. But you can enjoy all of it—and half-a-dozen others from the same gifted pen—by asking for a copy of "The Prosings of Podalirius". Send a p.c. to the address below.

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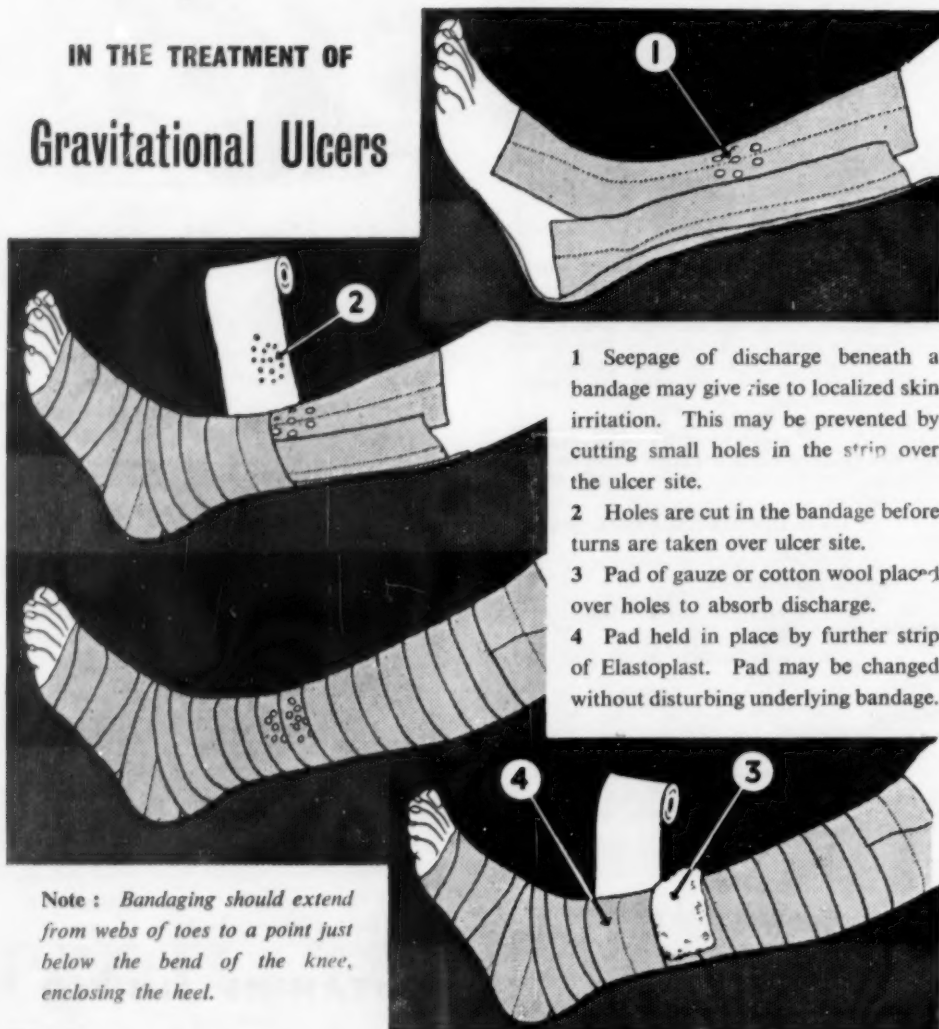
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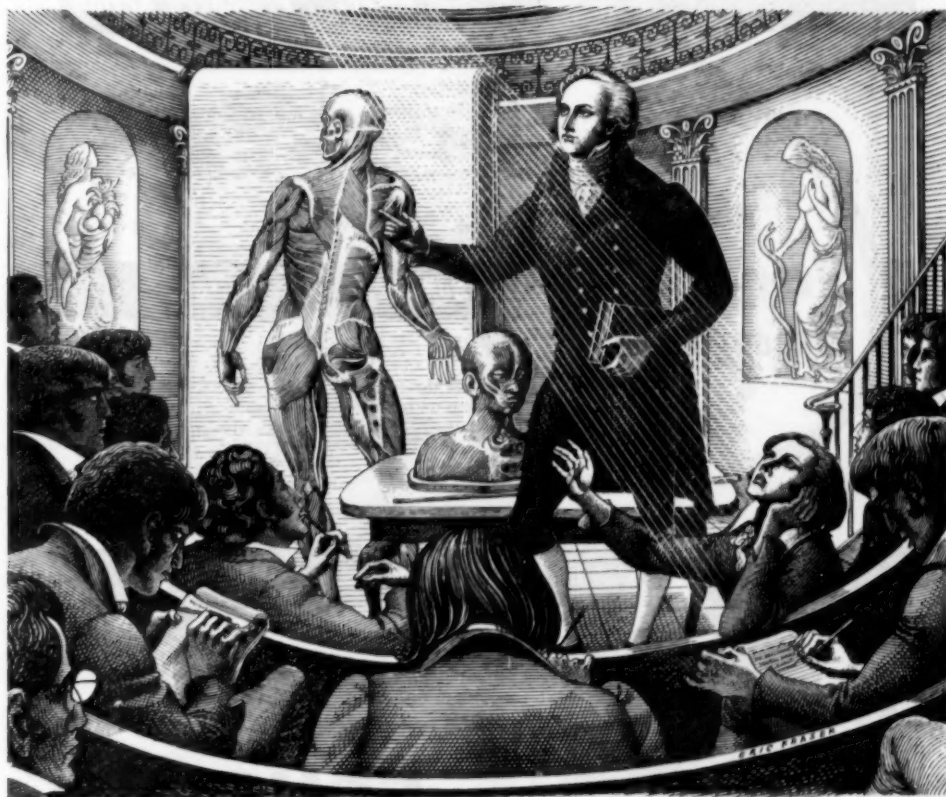
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other day, for instance, during the lecture, there came a sunbeam into the room, and with it a whole troop of creatures floating in the ray; and I was off with them to Oberon and fairyland.' And yet, with all his self-styled unfitness for the pursuit, I was afterwards informed that at his subsequent examination he displayed an amount of acquirement which surprised his fellow-students."

— CHARLES COWDEN CLARKE ("Recollections of Writers" by Charles and Mary Cowden Clarke, 1878)



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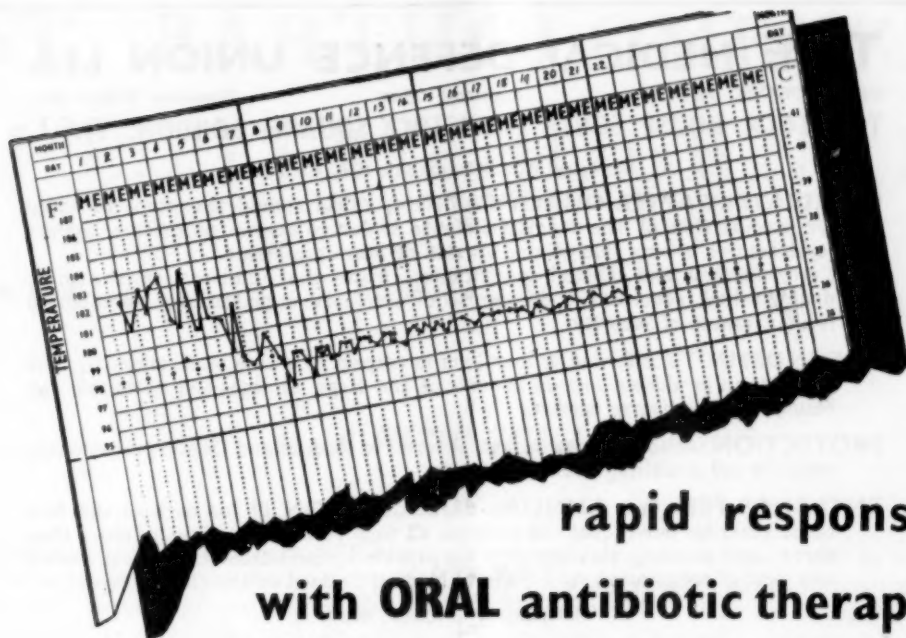
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ST. BARTHOLOMEW'S HOSPITAL JOURNAL

Vol. LVIII.

DECEMBER 1954

No. 12

A MERRY XMAS,

And a Happy New Year from the Editor ! All of us are going to hear this so often in the next few weeks that we will be merely accepting it as a formality and not paying it much heed. It has become rather like saying Hello or Good Morning at Xmastide. In spite of this, be pleased to accept my greeting in good faith.

Our existence is beset with convention and we are never allowed long in which to forget it. Greetings have become as conventional as cinema visits or Sunday morning walks. The Irish have their "Top o' the marnin' to yer" and the Devonians just their "Marn'n." This is expected of them now and any self-respecting citizen of these parts would consider another form of greeting as beneath his dignity. Least of all would the Londoner expect to be greeted by a Welsh shepherd with "And I wish you all the best for the day" or some such unusual eloquence.

To revert to the Yule-tide. I have an intuition that not every well-wisher for my Christmas happiness really means what he says. I immediately call to mind the local dustman, who makes sure that only for the few days prior to December 25th, is my garbage efficiently and promptly disposed of. He knocks on the door after this once yearly performance and wishes me a Merry Xmas

with one hand outstretched ; and as it is always obvious that he has no inclination to shake hands with me, his thoughts are immediately diagnosed. Nearly all the tenants served by this particular man have at some time complained of his inefficiency, and he knows it ; but he persists in his greeting, and I have no doubt there is considerable remuneration for his persistence.

Dickens would have said the man deserved his reward because he upheld the Christmas spirit. Others I have spoken to are not quite so definite about this, and seem capable only of talking about dustmen, milkmen, bakers and Xmas with signs of increasing anger.

So much for the man who wishes me a Merry Xmas ; but I have to stop to consider whether, when I have suppressed all thoughts of the past and been generous, I returned the compliments. It seems almost impossible to reconcile any pristine aggressiveness with my sense of Christian duty to be kindhearted in my turn. I feel I should do, but rather think I have failed more than once.

By now you may be doubting the sincerity of my first remarks, but you have really no cause. The matter has been brought to your notice and to mine and perhaps it will receive a little thought.

The Small Back Room

During recent weeks, there has been a certain amount of renovation and reconstruction in the Out-Patients' Department.

The somewhat drab and cumbersome screens in the Casualty Boxes have been replaced by brightly coloured curtains. That this is a considerable advance will be appreciated by all who have had to negotiate the screens bearing a hydrocoele tray and its numerous accompaniments.

However, greatest interest was aroused by the gradual fabrication of a structure in one of the darkest recesses of the Dark Blue Box. Speculation as to its purpose trended towards a place of confinement for temporarily recalcitrant patients, but it was eventually revealed that this was to be an oasis of seclusion for the Out-Patients' Registrar. It has always seemed unfair that, whilst the House Surgeons have their individual retreats, the Registrar should be denied any haven of rest, and be condemned to lead the life of a medical Flying Dutchman.

Now, all has been righted, the only disadvantage being the frequent sight of a file of harassed dressers wandering from Box to Box in search of the Registrar, and blissfully ignorant of the existence of a little cubicle in which the aching feet may be eased, and, possibly, the latest form be studied.

Oxford-Bart's Club

The Annual Dinner of the Oxford-Bart's Club will take place at 7.30 p.m. on December 17th at the Royal College of Surgeons. Sir Arthur Porritt, K.C.M.G., O.B.E., will be the guest of the Club and Vice-Admiral Sir Alexander Ingleby-Mackenzie, K.B.E., C.B.E., will preside. Anyone wishing to attend should contact D. Fairbairn, c/o St. Bartholomew's Hospital.

Fun and Games

The Cambridge Graduates Club held its annual Sherry Party this year on October 22. Dr. F. H. Young, O.B.E., the Chairman, welcomed the guests. As usual the Library was crowded with Cambridge men of all ages and their ladies. As usual the Secretaries and their helpers had provided in plenty all that was needed for a really enjoyable *symposium*. The unflinching success of this party year by year suggests that we should have more such occasions at Bart's. Or do only Cambridge men have parties?

Eastern Counties Rahere Society

A Meeting of the above Society was held on October 30th at Everard's Hotel, Bury St. Edmunds. Over thirty members were present, many of whom had travelled fifty miles or more for the function.

The health of the Hospital coupled with the name of our guest, Mr. Naunton Morgan, was proposed by Mr. Stansfield of Ipswich. In his reply, Mr. Naunton Morgan interspersed a delightful flow of wit with some interesting comments on current activities at the Hospital both clinical and in the sporting field. He also drew attention to the remarkable tendency for Bart's men to get together and enjoy themselves not only in various parts of this country but abroad as well.

An enjoyable evening was had by all and for many of us the journey home seemed much shorter than the journey out.

The Pot-Pourri—1954

This year's pot-pourri will be on Tuesday, Wednesday and Thursday, 28th, 29th and 30th December, in the Cripplegate Theatre.

Prize in Histological Drawing, 1954

Awarded to J. TOWNSEND

Births

ARUNDELL.—On October 24th, to Jean, wife of Dr. Peter Arundell, a daughter (Susan Mary).

BINTCLIFFE.—On October 22nd, to Betty, wife of Eric Bintliffe, a sister of Ian and David.

CURTIN.—On October 10th, to Peggy, wife of Dr. A. P. Curtin, a brother (Paul Rodney) for Petronella, Raymond and Adrian.

GOURLAY.—On October 27th, to Margaret and Dr. Nigel Gourlay, a daughter.

LUMSDEN.—On October 2nd, to Margery, wife of Dr. Kenneth Lumsden, a daughter.

MOLESWORTH.—On October 5th, to Rosemary Ann, wife of Dr. Peter R. H. Molesworth, a son (Simon Peter Henderson).

ZEITLIN.—On October 19th, to Joan Margaret and Reginald Albert Zeitlin, a daughter (Susan Rose).

Adoption

By Patricia (née Beckingham) and John COTES a daughter Lucy Margaret (born 29.1.54), a sister for Peter.

Engagement

LIPMAN COHEN—FROOMBERG. The engagement is announced between Eric Lipman Cohen and Joyce Hilary Froomberg.

Death

WESTERN, Henry James, On September 28th, aged 83. Qualified 1900.

Change of Address

Dr. Matthew Westwood,
to Nettlefield,
Chesterton,
Cirencester, Glos.

Dr. George Graham,
to 13, Park Crescent,
LAN 8150.

Dr. Robert WIGGLESWORTH
to 7, Cranford Hall,
Nr. Kettering,
Northamptonshire.
Tel. : Cranford 280.

LETTERS TO THE EDITOR

Dear Sir,

The head of Bacchus recently discovered in Bart's will no doubt reside in the Museum, while the fate of its temple is being argued. The expression on the face of the original, not easily seen in the photograph, prompts me to suggest a use to which it may be put. For the smile is undoubtedly sardonic, and being on a Roman statue, must be a "Risus sardonicus." The use I suggest is to start a collection of those articles so beloved of the medical profession as illustrations, when their powers of description lagged behind their knowledge of the world. Modern students often find their knowledge of the world is not up to that of their elders, and are unfamiliar with the appearance of a nutmeg, or the feel of a bag of worms, and a collection of such items housed in some annexe behind a veritable barn door would be of inestimable value.

To start such a collection I would add to the Bacchic head a clasp knife, a club, a drum stick, a green stick, a bamboo, a barrel, a horseshoe, sulphur granules, a saddle and a pipe stem.

I think our Natural History Society would justify its existence if it could find the necessary hare, claw, spider, bag of worms, pigeon, thrush, snail (making tracks), antler (which we prefer to call a stag's horn), and that denizen of Bart's the two-humped dromedary.

I suspect the refectory could produce sago, millet seed, apple jelly, rice-water, coffee grounds, dough and red currants. Also perhaps, a raspberry, a strawberry, a mulberry, a honey comb, a nutmeg, a cauliflower and a spoon and dinner fork. The irreverent might add hobnails, clay and tar as well.

If the College could cash in on the second-hand student motor car market, a green Lagonda has just changed hands at £40 which produces a fine machinery murmur of undoubted pathology. It is also a source of rust, cogwheels, lead pipes and cracked pots.

Your readers might be able to send in a leather bottle, a sabre, a mask, a flail, a cuirasse, a French orange so that it may have a "peau"), a wash leather, a board, an hour glass, a water hammer and anything else I may have omitted. In case any of them might think it entertaining to send in a Caput Medusae, I would forestall them by signing myself, Yours faithfully,

"Perseus."

* * *

Dear Sir,

The other day I attended a Medical Out-patients session at which three patients were brought in.

To two of them not one single word was addressed, not even "Good morning"; the third was asked one question only. In no case was the patient examined either by the presiding physician or by the class.

In two cases there was a discussion in thinly disguised terms on the differential diagnosis, while on one of them the physician gave a lecture on the difficulties and dangers of treatment.

It is difficult to see what purpose was served by the presence of these patients in the class. They themselves could only be discouraged by what they heard. For the class their presence was quite unnecessary since no opportunity was given for examination.

May I also protest at what I may term "the public P.R." as performed in Surgical Out-patients without screens and without a nurse being present.

Of course rectal examinations are essential, but surely patients might be allowed the courtesy of a screen while they are being examined.

Yours faithfully, etc.

H. M. HOLDEN

Sir,

Your correspondent Dr. Bernard Myer's experiences with low blood pressure tempts

me to tell a naval, or rather a merchant marine story, although strictly speaking it has elements of both.

My patient was an ex-naval captain, whilst I was indulging in a little ship surgeon's experience.

Whilst examining a passenger suffering from anal fissure, I was urgently requested to attend the ex-naval captain, who was in a serious state of shock from having apparently dived into the ship's swimming pool in a foolhardy manner. His scalp was split, and the periosteum was clearly seen.

Carried to the sick bay in some towels, a plasma drip was instituted to counter an absent B.P. and pulse. His scalp injury was stitched and a neurological examination made between 10 minute examinations of his B.P. T.P. & R. Alarmed at his persistently low B.P. wavering between 90-100 mm. systolic and 40-60 mm. diastolic and persistently rapid pulse, intravenous adrenaline was given slowly. After two hours his B.P. climbed to the usual normal limits of 120/80 and then began to descend again without any apparent change in mental faculties or overall general appearance. At 100 mm. Hg. systolic I again resorted to Adrenaline, but found the greatest difficulty in achieving any sustained result. Throughout my bustling about, my patient was observing me as closely as I was him, and when I momentarily blurted out something about blood pressures being awkward to take at sea, especially with Cape Rollers, he kindly informed me in an extraordinarily clear voice that he suffered from low blood pressure. Then the proverbial penny bounced with a loud metallic clang.

He had had bouts of syncope before, and as he could not remember trying to dive in the swimming pool, it was clear that he had fallen in as a result of a low B.P. syncope, his posture assuming that of a diver, attempting an unusual dive, hence the bizarre accounts by onlookers.

Yours, etc.,

JAMES RANDALL, M.B., B.S.
Queen Mary's (Roehampton) Hospital.

* * *

Sir,

I beg some space in which to further plead your cause of Wit. The eulogy presented by yourself, sir, commits my fellow-students to a cell of witless morons, unable to do else but read of the side-splitting of their ancestors. Pitiably fate!

The report of humorously inclined narrators sailing out of the company of these students in a bad temper, leaving behind him a wake of ill-will is tragic; and it should serve as a warning to those who would claim some minutes of this witless band in the pursuit of Humour. I'll not risk such exposure. It seems to me that his attitude verges on the pathological. However you suggest otherwise: these students will laugh at a good joke. But misery, for you report they are rare.

You announce that the wide interests of the modern medical student include those of music, drama, beauty, humour, and often a combination of two of these, or more. (Is there no possibility of an extension to all four, and an appreciation of Mozart opera?) Before I question the last of these I must attempt a delineation between Wit and Humour.

How long sat Wilde and Johnson, feet upon the hearth, pen in hand, awaiting the crystallization of Wit? Surely they did not wait! Wit waits for no man: Wilde ran it to earth in the Cafe Royal, while Johnson lay in wait for it in City coffee houses. Their Wit shone by reflection and brevity, and it was tailored to suit the moment; and did it lose its glitter on paper? Their Wit contained an essence of true humour—but an appreciation of plain dry humour requires a further sense.

The predilection of our students for 'quickies', and Wit other than that 'meticulously prepared' needs must preclude the success of the clinical lecturer with even the most carefully indexed book of jokes in his task of breaching the massive mental barrier of students. His jokes may contain Humour, but they are barren of Wit. In fact his failure is notorious. Can it be that our students appreciate the illusive Wit more greatly than plain Humour? This is most un-English of him — nay, even unethical!

You suggest the cultivation of this delicate plant, Wit; but you present no practical assistance.

What mental manure, what hormone for the higher centres will promote its flowering in the November fogs? Forward the man with the answer to our monumental ignorance of Wit—please.

I remain, sir,

Yours faithfully,

BRIAN PIDCOCK



As soon as he comes to that bit about "Your very own Ward Show kiddies", let him have it!

SOME DISEASES DUE AUTO-AGGRESSION

by A. PINEY, M.D.

NEARLY fifty years ago Widal, Abrami and Brulé described auto-agglutination of the red corpuscles in acquired haemolytic jaundice; and very little later, Chauffard and Troisier demonstrated the presence of haemolysins, sometimes accompanied by agglutinins, in the blood of some cases of what they called "haemolysinica anaemia". It was this work that finally disposed of the idea that acquired haemolytic jaundice was not an entity but simply the congenital form of the disease which happened to have been overlooked or which had manifested itself unusually late in life.

The nature of the haemolysins remained obscure until Dameshek and Schwartz (1938) reproduced the disease in guinea pigs by injection of haemolytic serum; but, even so, the source and nature of the antibodies in the human disease was totally unknown. Then came the very fruitful period, ushered in by the discovery of the pathological significance of the Rhesus factor by Landsteiner and Wiener (1937), followed by the work of Race and Taylor (1944) who demonstrated the existence of incomplete antibodies, so that new weapons in the search for an explanation of acquired haemolytic anaemia rapidly became available. Coombs, Mourant and Race (1945) gave us the tests, usually known by the name of the senior author, for the detection of weak and incomplete Rh agglutinins. These techniques, together with the refinements suggested by Ham (1939) and Dacie (1947) who called attention to the importance of the Ph of the serum have permitted a very large number of cases to be intensively studied by serological methods. Indeed there is continuous refinement of technical procedures, such as the use of trypsinized red corpuscles by Morton and Pickles (1937) to demonstrate incomplete anti-Rh antibodies. Even when the Coombs test and agglutination in albumen are negative this very delicate method may reveal the doubly incomplete antibodies of Dausset.

All this and much more, all of the utmost importance, can be found in Dacie's magisterial book (1954) and, more briefly, in the thesis of Lajeune (1954). But here a rather wider aspect of the matter falls to be mentioned viz., the nature of the antibody.

The amazing feature of the disease is that immunity has arisen, in some, if not in all, cases to an antigen carried by the red corpuscles of the patient: a subject admirably discussed by Dacie and Cutbush (1954). This is not only of outstanding theoretical importance, as we shall see later, but has to be borne in mind when choosing blood for transfusing such patients. Obviously, as far as possible, blood should be given from donors who do not carry this antigen.

The fact that immunization is against an intrinsic antigen is the reason for referring to such a malady as a "disease of auto-aggression". Its existence is the end of Ehrlich's conviction that the body has a "Horror autotoxicus".

That such a mechanism is by no means uncommon is shown by the occurrence of thrombocytopenic purpura of similar origin. Ackroyd's observations on the mechanism of the thrombocytopenia that occurs in some people who take the soporific, sedormid, (1952), opened a new chapter in our understanding of Werlhof's disease. Thus, it is now generally accepted that many patients with idiopathic thrombocytopenic purpura have, in their plasma, a platelet agglutinin, although, admittedly, similar substances may be found in a small number of normal people and also as a sequel to repeated transfusions. This last observation has shown that there exist various platelet antigens and that these platelet types do not correspond to red corpuscle types. Stefanini and his colleagues have demonstrated four serologically distinguishable varieties of platelets (1953) while Harrington (1954) mentions eight.

The practical importance of these observations is great because there is no good panel of platelet typing sera, and because red corpuscle compatibility does not run parallel with platelet compatibility, iso-immunization to platelets is high among persons who have received several (in the ordinary sense 'compatible') transfusions. Auto-agglutinins against platelets are found in about two-thirds of patients with 'idiopathic' thrombocytopenic purpura: such agglutinins may be highly specific, acting only on the patient's own platelets and being inert in the

presence of all other platelets.

There are, thus, at least two varieties of Werlhof's disease: one in which the thrombocytopenia is due to some defect in the maturation of megakaryocytes; and the other in which the damage is due to platelet agglutinins. Women suffering from the former type give birth to normal children, but those with the latter variety give birth to children with neonatal thrombocytopenia as the result of passage of the auto-agglutinin across the placental barrier.

Another practical point in connection with this new knowledge is that splenectomy is more likely to remove all symptoms in those cases in which anti-platelet substances are demonstrable than in those in which the disease is due to a maturation defect of the megakaryocytes. Even so, even when splenectomy has relieved the thrombocytopenia, antibody may persist in the plasma and may be of sufficiently high titre to cause purpura if transfused into a normal person.

There are many gaps in our knowledge of anti-platelet substances; and, when we come to consider the leucocytes, our information is woefully incomplete.

Agranulocytosis, due to administration of amidopyrin, has long been known and, until recently, was assumed to be due to damage of the marrow by the drug. The fact that, in sensitized persons, leucocytes disappear from the peripheral blood within one to three hours after a very small test dose of the drug cannot be due to primary injury to the formative tissue. Moeschlin and Wagner (1951) demonstrated the presence of a leucocyte-destroying factor in the blood of such people: This substance agglutinated leucocytes both in vivo and in vitro.

Moeschlin (1954) has now classified the granulocytopenias of immunological origin as follows:—(1) due to sensitization to a chemical substance, e.g., amidopyrin, gold etc. (2) due to leuco-agglutinins in such inflammations as virus pneumonia and lupus erythematosus; (3) associated with certain paraglobulins such as may occur in the blood in myelomatosis; and (4) due to leucocyte agglutinins of unknown origin. This last group has been investigated in great detail by Dausset (1954) who finds that leucocytes, almost certainly, carry the antigens A and B, corresponding to those of the red corpuscles, but there is no evidence of leucocyte groups independent of those of the red corpuscles. The whole subject is still in a state of flux; and those interested should read (and re-read) the paper on "Leuko-agglutinins" by Dausset, Nenna and Brecy (1954).

It is hoped that this very brief and superficial survey of one of the growing edges of haematology will suffice to excite interest in a new chapter in the already crowded field of immunity. Ever since the earliest days of that science, antigens have been sought outside the organism: bacteria, foreign proteins and viruses have been investigated with the utmost profit. Now endogenous antigens, which are part of the body itself, must also be considered. It can no longer be said that there is never incompatibility between the various parts of a single living organism. In spite of the paucity of our knowledge in this field, it is already clear that body-cells can act as antigens; and that antibodies formed in response to them can cause disease.

"We have many members in one body, and all members have not the same office." (Romans XII. 4).

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ALMA MITRE

by

TABLET

The whole incident now seems quite fantastic. Nevertheless, the letter is there for all to see. If the gentleman in cap and gown was who I thought he was, he has said nothing. But perhaps one should not expect him to, outside his "territory." Moreover, I cannot believe I imagined the innuendo in his remarks the other day about meeting unexpected problems when in Cambridge for Final M.B.

It all started because I wore a college blazer, green and easily recognised, to go rowing at Putney. The long journey back in the evening in a 22 bus is tedious, and the Mitre Tavern in Ely Place off Holborn Circus is conveniently placed for obtaining sustenance for the walk to Charterhouse. That evening I must have felt in need of more resuscitation than usual, for I dozed off in a room off the parlour called "Ye Closet." I was awakened by a hand on my shoulder, and looked up to see a tall figure in morning dress and carrying a black top-hat. I was about to expostulate at this interruption, when the stranger forestalled me, saying: "I am sorry to wake you up, sir, but I saw through the window that you are a member of the University." Rather testily, I confess, I replied, "What the devil has that got to do with you coming in here and rapping me on the shoulder? Anyone would think you were some sort of "bulter" dressed like that at this time of the evening." "But I am, sir; that is why I came in." "Well, all I can say is that you must have wandered rather far from your beat. This is Ely Place, Holborn Circus, London, where they do not have bullers and progs and things. Anyway, I came down from Cambridge over a year ago. But tell me, man, what are you doing here? Going to a fancy dress dance, or been to a wedding, or did you jump off Folly bridge and float down from Oxford?"

"Perhaps I can explain," he said, and stepped into the parlour and came back with a picture frame containing an envelope and newspaper cutting. "You see," he went on, "Ely Place is really part of Cambridge, and

I must point out that until eligible to proceed to the degree of Master of Arts, sir, when in Cambridge you are in statu pupillari, and should wear a gown."

The envelope was certainly addressed to the Mitre Tavern, Holborn Circus, Cambridgeshire. The cutting referred to the watchman at the gate, whom I had often seen in braided top-hat with a truncheon in his lodge, and went on to say that he was there because City of London police could not enter Ely Place and the inhabitants paid no Police Rate. This sounded rather intriguing as I still had no inkling of what it was all leading up to. So I asked him if he knew how it all came about.

"The story," he said, "goes back to A.D. 1250 when John de Franceis, baron and treasurer of England, rented a house and land here and a year later obtained permission from the Dean and Chapter of St. Paul's to build an oratory. Traditionally, this was the crypt of St. Ethelreda's Church, though there is considerable evidence that this crypt is a great deal older and may date back to A.D. 310 when Restitutus was Bishop of London. John died in 1268. The new tenant was the King's Clerk in Chancery, John de Kirkby, who became Treasurer of England in 1289 and two years later, on the death of Hugh de Balsham, Bishop of Ely. John de Kirkby died in 1290 and left this property, together with all its liberties as such, as part of the Diocese of Ely in Cambridgeshire. The next bishop William de Luda started building Ely House as his London Palace and the Church was the Palace Chapel. Since then Ely Place has had an interesting history. In 1326, Phillippa of Hainault spent Christmas in Ely House on her way to marry Edward III. Her son, the Black Prince, lived at Ely House, as also did John of Gaunt who died there in 1399. Richard II stayed there for the famous Smithfield Tournament of 1390. Later Henry VIII and Catherine of Aragon attended a banquet lasting five days in 1531.

The bill of fare contains some interesting items:—

"29 great beefs at 28s. 6d. a-piece from the shambles; 100 fat muttons, each 2s. 10d.; swain 13 dozen, larkes 34 dozen each dozen 5d.; 34 porkes at 3s. 3d., but 91 pigs at 6d.; and Capons of Grece at 1s. 8d. a-piece but pullets 2d. each."

"In 1546 this Tavern was built by Bishop Goodrich for the use of Palace Officials. It still uses the old Cambridge hours of 10 o'clock on weekdays and 9 o'clock on Sundays.

"In 1559, when Thomas Thirlby had been Bishop of Ely, the Reformation occurred. The land was seized by the Crown, but its original status was not changed.

"In 1576 Queen Elizabeth forced Bishop Cox to lease part of the house to Sir Christopher Hatton, and this cherry tree marks the boundary of the two parts. She and Hatton are supposed to have danced the Maypole around it. Hatton paid the Bishop as rent 'a red rose at midsummer for the gatehouse, with ten loads of hay, and £10 per annum for the garden.' In the next year the Queen forced the Bishop to hand over the entire property to Hatton or 'By God! I will unfrock you.'

"Early in the 17th century the Church crypt became a drinking house, and from 1620-24 the Spanish Ambassador lived in Ely House. In 1633 Shirley's great masque, costing £21,000 was held from Ely House to Whitehall before Charles I.

"Later when Matthew Wren was Bishop of Ely he was imprisoned for Catholic tendencies, and most of Ely House was pulled down. In 1642 the remnant became a prison and later a hospital. Then after the Fire, which narrowly missed the House, the Middlesex Magistrates held court there. Some 25 years later Anne of Denmark, afterwards Queen of England, came to the Chapel to hear the sermons.

"At the end of the 18th century the property was transferred to the Crown in exchange for a new residence. The status was not, however, lost, but all the buildings bar the Church and this tavern were pulled down. At the beginning of the next century the Church became a poor-house, but failed and was leased to the Welsh Episcopalians for a time. It was about this time that the inhabitants of Ely Place started paying some local

taxes. It started when a baby was abandoned on a doorstep in the Place and the tenant took it to a foundling hospital. The authorities said that as foundlings were a charge on the rates, the owners of property in Ely Place would be taxed accordingly.

"The most recent phase began in 1879 when the Church was auctioned and sold to the Catholic Order who own it today. It withstood with remarkably little change the vicissitudes of time, until one of Hitler's bombs after 700 years demolished the roof. However, the rest of the Church and this tavern, frequented by Dr. Johnson, live on as symbols of the past in this geographical anachronism."

Fascinated as I was by all this I had not long to muse, for he added: "I think we had better go and see the Pro-Proctor as he would like a word with you." "But stop," I said, "what has all this to do with the University, which, though in, is not under the sway of the Diocese of Ely? That ended with Hugh de Balsham, founder of Peterhouse in 1289, and Bishop of Ely before Ely Place acquired its status."

The "bulldog" (for such I must call him) turned and said: "de Balsham did indeed try to establish the separate identity of the University but de Kirkby and subsequent Bishops did not subscribe to this, and control was only withdrawn from the See of Ely and vested in a secular independent Chancellor by a Papal Bull in 1430 at the famous Court of Barnwell. So that at the time of establishment of Ely Place there was a very real connection with the University for it was the official residence of the Head of the University. Although neither the University nor Ely Place now belong to the See of Ely, not all the rights, privileges and freedoms of Ely Place, dating from that time, have disappeared."

"But why on earth," I said, "Has the Proctor bothered to come down here?" "Oh, this is the special Pro-Proctor for Ely Place. He rarely comes out, just once a year to keep up tradition. My colleague and I have come down for the occasion. I don't know his name, but I believe he is an M.A. at the Hospital, seeing that he would most likely know the young gentlemen that come here. Also I believe that he is from Queens' College."

I wonder who this Pro-Proctor could possibly be. At all events it should not cost more than 13s. 4d. due from a bachelor without a gown, unless he was feeling vindictive seeing it was his only night out. I accompanied the buller into the road and a tall figure in square and gown stood under a light so that the square put his face in shadow, but although I could not be certain, I thought I recognised the rounding of his shoulders.

As I crossed, a puff of wind blew up his tapes and shewed me the revolting colours of the broad stripes on his tie. Pink, green and blue. I stopped short in my tracks and clutched my neckwear, equally revolting, but each represented a club of Queens' that was the traditional rival of the other. What

everlasting shame if I, on the one day in the year on which it could happen, should allow myself to be "progged" by a Cherub without making a run. There was nothing for it. I must make a dash. But where? the bullers were between me and the gate. Suddenly I remembered the back gate into Hatton Garden. The nearest buller seemed to divine my thoughts and made a grab but it was too late, and I got to the gate by a short head. I ran all the way back to Charterhouse—an unprecedented feat and quite unnecessary—and collapsed on my bed. The next day it all seemed like a dream, but I wonder. I shall not be quite happy until I have those letters — M.B., B.Chir.(Cantab.) after my name.

A CASE OF MILROY'S DISEASE

by

M. BRADBURY

In the majority of cases of œdema of the legs, the œdema is traceable to some definite cause, such as a failing heart or diseased kidneys, a reduction of the colloids in the blood, or a disturbance in the venous or lymphatic return. In a small number of cases there is no apparent defect apart from the œdema, and the condition is then known as lymphœdema. Familial lymphœdema was described for the first time almost simultaneously by Nonne in 1891 and by Milroy in 1892. Osler, in his work on the Principles and Practice of Medicine, designated the disease by Milroy's name. The term, "Milroy's disease," is best reserved for the familial condition, though some authors would include single cases, arguing that the symptoms are similar and that the hereditary factor or factors responsible are present in such persons' ancestry, but fail to bring about enough deformity to merit notice.

The disease is characterised by a firm œdema which may involve the toes, feet, legs, or thighs of one or both sides of the body. Cases have been reported with hydrocoeles and enlarged testes, but there is rarely any œdema above the inguinal ligament. Typically the œdema begins in the toes and gradually spreads up the limb. At first, it pits readily on pressure, but later the skin and sub-cutaneous tissues become indurated and thickened. Once it has appeared the œdema is permanent in most cases, but it may be reduced temporarily by rest in bed. The œdema is not painful or tender and there are no constitutional symptoms, as long as infection is not superimposed. The condition is compatible with a full physical life and the most unpleasant feature is the embarrassment which it will almost certainly cause. Milroy mentions one

of his patients, a missionary in Burma, who regularly walked 35 miles in mountainous country without trouble, and also stresses the ripe old age attained by others.

The above features of the disease are fairly typical of all cases, but much variation occurs in the age of onset between different families. Thus in Milroy's original family, 21 out of a total of 22 cases had some degree of œdema at birth. In Meiger's family

seem to be a common factor determining the age of onset in each individual family.

Another variable between families is the liability to suffer acute attacks in which there is increased swelling of the affected limb, redness, severe pain and tenderness. Together with the local symptoms there is pyrexia, increased pulse rate and often vomiting. Such acute attacks frequently complicated the condition in most of Hope



(1899) and in that of McGuire and Zeek (1932), the disease appeared in each case at the age of puberty. Four sisters mentioned by Parkes, Weber and Schluter (1937) all developed the condition between the ages of 20 and 22. In the family described by Hope and French (1907) the age of onset varied between childhood and early manhood, but there was no congenital œdema. Thus with the exception of this last instance there does

and French's patients, but did not occur at all in those of Milroy. The picture is one of infection, and an experimental parallel is provided by the work of Drinker and Field who artificially obstructed the return of lymph in the legs of dogs and found that such animals were unduly prone to streptococcal infections in the œdematous limbs.

Concerning the aetiology of the disease, it has already been stated that a hereditary

or familial factor is essential to the diagnosis. In this hospital, out of 30 cases of lymphoedema treated by the surgical unit, only one had a family history of the condition, i.e., was a case of true Milroy's disease. Whitfield and Arnott (1949) mention two out of nine of their cases of lymphoedema as being familial.

In Milroy's series, there were 22 occurrences in six generations of a family consisting of 97 persons. In 1928, 36 years after his original paper, Milroy followed up this family and found that there were thirty additional descendants in the fifth, sixth and seventh generations. Of these only two exhibited any oedema, and they were children of his original patient. Milroy concluded that the disease was disappearing from the family. Such a disappearance is to be expected, however, if descendants are marrying unaffected persons, even if the gene is a dominant one. In Hope and French's family, 13 persons were affected out of 42 persons in five generations.

Gates (1946), after considering the above two families, states that a dominant gene is clearly involved in the inheritance. He notes, however, that in two cases in Milroy's family and in one case in Hope and French's family the disease was transmitted through an apparently normal parent, and further claims that such a skipping of generations is common in human dominant pedigrees. Such a statement must, in fact, mean that the gene is not constantly dominant.

The underlying structural or functional abnormality giving rise to the oedema is not known. Milroy, himself, attributed the oedema to venous obstruction or thrombosis, to lymphatic obstruction or to an error in the activity of blood or lymphatic vessels due to some nervous cause. Hope and French suggested an association with mental symptoms, as their family contained two mental defectives, two epileptics, a case of acute mania and a dyspso-maniac. However, other families have been mentally above par.

McGuire and Zeek (1932) took biopsy specimens from the skin and sub-cutaneous tissue of the leg of a boy with Milroy's disease. Their findings were that the dermis was thickened and fibrous, presumably as a response to the pressure of the tissue fluid. The sub-cutaneous tissue was oedematous and fatty. In some areas stroma and fat cells were entirely absent and were replaced with great pools of fluid. A few dilated lymphatics were seen, but most

of the fluid spaces appeared to have no endothelial lining.

In this hospital, the dyes Patent Blue and Evan's Blue have been used to outline lymphatic trunks. The dye is injected in to the sub-cutaneous tissues of the foot during the course of an operation, and the popliteal or femoral regions dissected to reveal the lymphatic trunks containing dye. If large lymphatic vessels are found, these can be cannulated and filled with radio-opaque medium to give further information as to the state of the lymphatic system. In 5 out of 10 cases of lymphoedema on whom this technique was used, the lymphatic trunks were found to be dilated and contorted suggesting a parallel with varicose veins. In the one case of true Milroy's disease, the popliteal vessels appeared to be only slightly enlarged. Whether this dilatation of lymphatics with probable breaking down of valves is primary or secondary to the oedema is not known. Studies on capillary filtration rate, now being carried on here and at St. Thomas's Hospital, indicate that this may be raised in the hands and arms of patients with lymphoedema suggesting that the lymphatic fault is not the only one that may be present.

For treatment, bandaging of the legs and rest in bed give temporarily relief. In severe cases, surgery is employed. The Kondoleon operation in which a strip of deep fascia is removed along the length of the leg with the idea of establishing a communication between inefficient superficial and good deep lymphatics has been tried with but little success. The McIndoe-Charles operation gives a better result, though liable to leave the patient with some scarring. A vertical incision is made down the posterior surface of the affected leg, and the skin dissected free of sub-cutaneous tissue over some two-thirds of the leg. The oedematous sub-cutaneous tissue is removed piecemeal. Finally the skin is grafted back directly on to the deep fascia, after it has been moulded to fit the new dimensions of the leg. A similar procedure can be applied to the thigh or foot, if necessary.

Case History

The patient, a girl aged 17, was admitted to Bart's on the 8th June, 1953. She had had a swollen right ankle, as long as she could remember. During the year previous to admission, the swelling had spread up the legs and had reached a point above the knee.

The swelling was reduced by rest, but increased on standing.

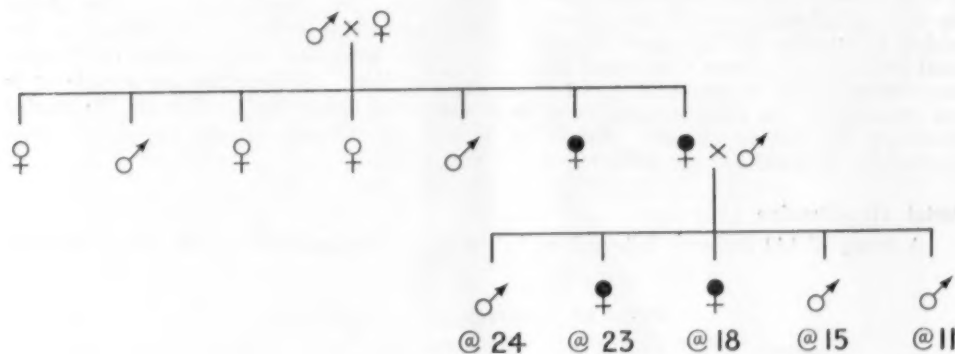
Except for some aching after exercise, the leg never gave any pain. It caused little inconvenience, apart from considerable embarrassment; but limited her dancing to some extent. There was no history of deep thrombosis or of any other incident that could have caused venous or lymphatic blockage.

An elder sister had a swollen leg for a year or two at the age of 18, and whose foot still swells. There are three normal brothers. Her mother's ankles began to swell at the age of 17, and the condition affected the legs after she had her first child when she was 22. One of her mother's sisters also had swollen legs, but there is a possibility that they may

Lymph fluid from the leg had a raised protein intent: total 1.5, albumin 1.3, globulin .2.

A McIndoe-Charles operation was performed on the 19th June, 1953, sub-cutaneous tissue being removed from just below the knee to the ankle. As a preliminary to the operation, 2.5 mls. of patent blue were injected into the sole of the foot. During the course of the operation, dye-filled lymphatics were looked for in the popliteal region. Two were found, but appeared only slightly dilated. They were not deemed large enough to cauterize and fill with radio-opaque medium. A number of prominent and thick-walled lymphatics were apparent on microscopical examination of sections of the oedematous sub-cutaneous tissue removed.

A further Thirsch graft had to be applied



have been due to "deep-seated varicose veins."

On examination, she was found to be a healthy looking girl of average intelligence. Her right leg was greatly swollen in comparison with the left. The skin of the affected limb was normal in appearance, but had more hair than that on the left. The swelling pitted on pressure. All pulses were present in the legs, but those of on the right were difficult to feel because of the oedema.

Otherwise, all the systems, including the cardiovascular system appeared normal. Her blood pressure was 120:65 and her pulse 74 and regular. Her serum proteins were: total 6.75 grms./100m.l., albumin 4.80 grms./m.l., globulin 1.95 grms./100m.l.,

to a small area of ulceration, before she was discharged on the 31st July, 1953. She was re-admitted on the 12th December, 1953, because an ulcer had opened in the grafted skin over the Achilles tendon. A split skin graft the size of a postage stamp was applied to this. She was discharged with her skin completely healed on the 1st February, 1954.

My thanks are due to Mr. J. B. Kinmonth for permission to print this case and for his kindly criticism.

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PORTAL HYPERTENSION

by

ALAN H. HUNT, D.M., M.Ch., F.R.C.S.

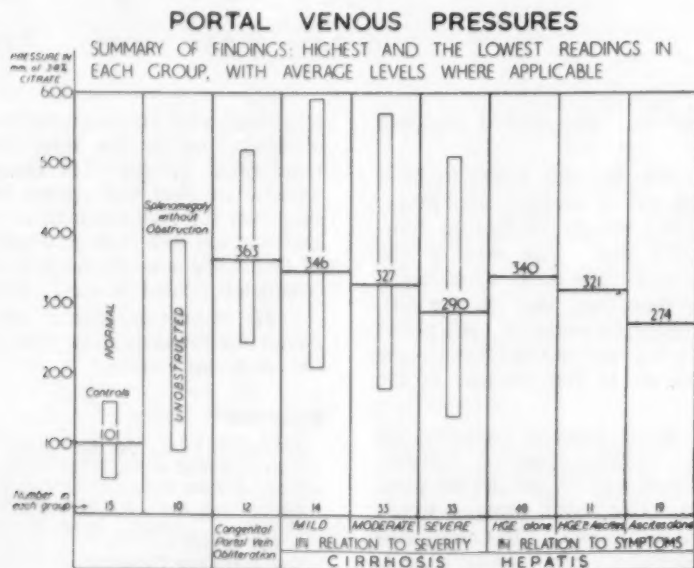
The British Medical Association have a section devoted to scientific exhibits at their annual meetings. This year, at Glasgow, I was invited to send a demonstration to illustrate the work that has been done at St. Bartholomew's and the Royal Cancer (now the Royal Marsden) Hospitals on Portal Hypertension. With the able assistance of Mr. N. K. Harrison and of a medical artist (Miss C. M. Lamb), the following demonstration was put together and sent off in a single portfolio, with a suitcase containing two pathological specimens and some models illustrating the technique of portacaval anastomosis. These were made up of inner tubes, bicycle to represent portal vein and motorcycle the inferior vena cava. I commend the making of such models as practice for the budding vascular surgeon.

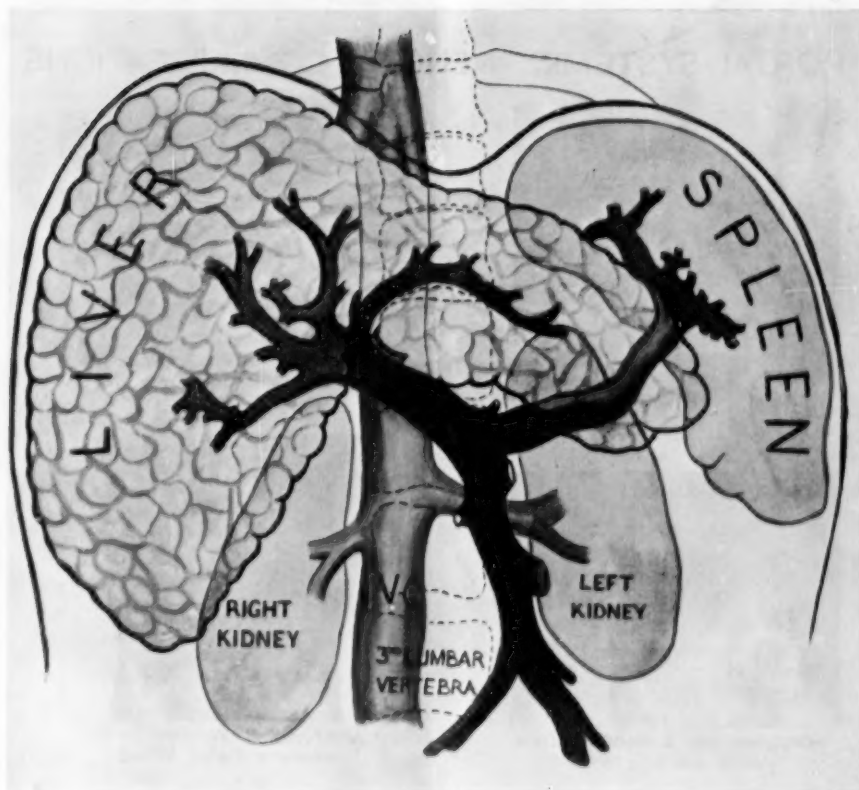
The diagrams were obtained by projecting a lantern slide of a portal venogram and tracing in the essential structures. If it appears anatomically peculiar, I plead that the fault is with the body and that the peculiarities are nothing compared with some of the X-ray appearances encountered on the operating table.

Parts of some of the composite illustrations have appeared elsewhere—in the *Lancet*, the *Proceedings of the Royal Society of Medicine*, in the volume of the fourth International Congress of Gastro-Enterology, "L'Hypertension Portale et le Dumping Syndrome," and in Dr. Du Boulay and Dr. Green's article on portal venography.

Portal Hypertension

A Study of 142 Patients, followed up for times varying between 7 years and 7 months.



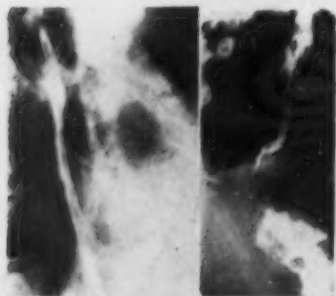


Portal and Systemic Veins

Banti's Syndrome

Haemorrhage from Gastric and Oesophageal Varices and a Large Overactive Spleen and the Symptoms and Signs of Cirrhosis, perhaps a hard Liver, Liver Breath, Palms, Nails and Spider Naevi, Ascites, Jaundice, Hepatic Coma. Investigations must include assessment of the Liver and X-ray of the Portal Vein.

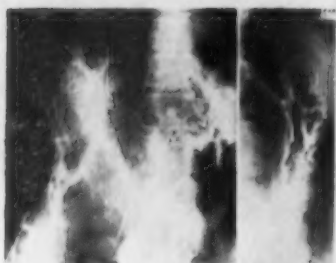
PORTAL-SYSTEMIC VENOUS COMMUNICATIONS



NORMAL and VARICOSE OESOPHAGUS



LARGE UMBILICAL VEIN



VENOGRAM and BARIUM SWALLOW
showing GASTRIC VARICES

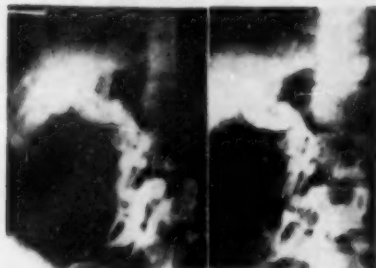


INFRA-RED PHOTOGRAPH
showing a CAPUT MEDUSAE

Twenty-three Cases of Extrahepatic Portal Obstruction

1. Congenital Obliteration (13).
2. Thrombosis (4) following trauma, infection, leukaemia, lymphosarcoma.
3. Compression (3) by hypernephroma, displaced kidney, hepatic carcinoma.
4. Invasion by Carcinoma (2).
5. Splenic Arterio-venous Aneurysm (1).

EXTRA-HEPATIC PORTAL OBSTRUCTION



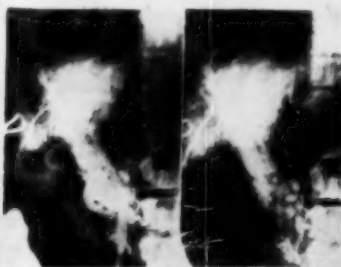
CONGENITAL OBLITERATION (*The CAVERNOMA*)



CONGENITAL OBLITERATION (*The CAVERNOMA*)



CONGENITAL STRICTURE



THROMBOTIC OBLITERATION (*PORTAL PYLEPHLEBITIS*)

Treatment

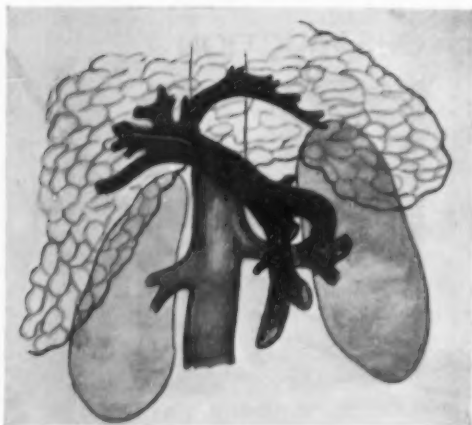
of Congenital Portal Vein Obliteration (13):

1. *Spleno-Renal Anastomosis*, if possible ; failing that,
2. *Proximal Gastric Resection*.

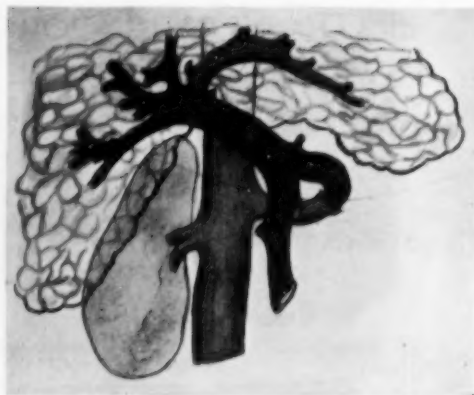
Results: 70% successful ; none dead.

of other types of Extrahepatic Obstruction

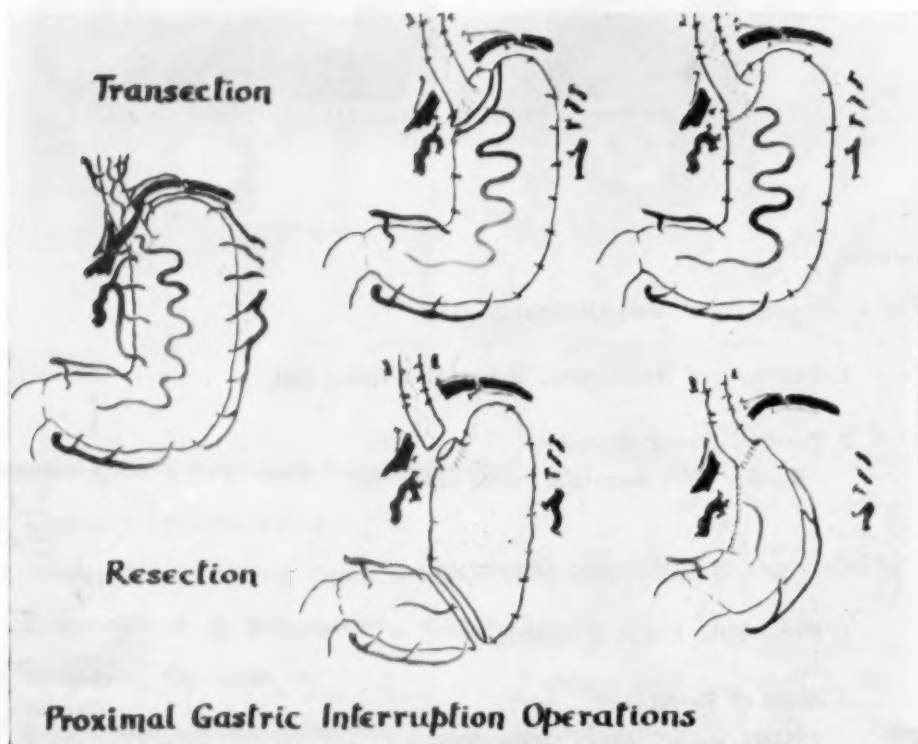
1. Remove the Cause, if possible, or
 2. Shunt or Resect.
- Never do a "Blind" Splenectomy.



Spleno-renal anastomosis end-to-side.



Spleno-renal anastomosis end-to-end.

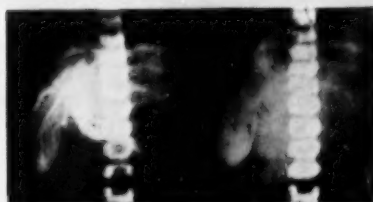


One Hundred and Nineteen Cases of Cirrhosis Hepatis

of Unknown Origin	...	...	...	...	...	31	26.1%
following Infective Hepatitis	...	...	...	...	...	52	or 44%
Toxic Alcohol	7	...	...	...	...	14	11.8%
Inorganic Arsenic	6	...	...	...	...
Carbon Tetrachloride	1	...	...	...	...
Biliary	...	...	...	...	...	8	6.7%
Starvation (prisoners of war)	...	...	...	...	...	5	4.2%
Syphilis	...	...	...	...	...	3	2.5%
Others	...	...	...	...	...	6	

at least 12% of this group also have Thrombosis.

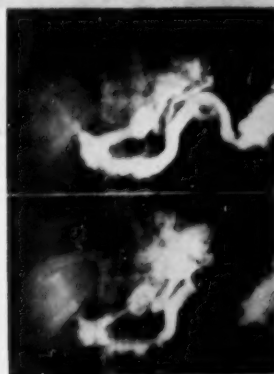
X-RAYS OF THE PORTAL VEIN - NORMAL AND CIRRHOTIC



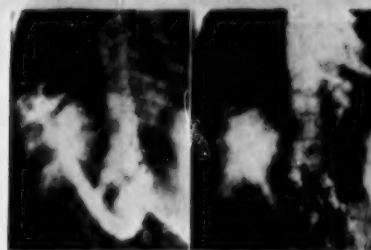
UNOBSTRUCTED PORTAL VEIN. RAPID EMPTYING.



CIRRHOSIS HEPATIS. PORTAL STASIS.



CIRRHOSIS HEPATIS with PORTAL VEIN THROMBOSIS. MARKED STASIS.



CIRRHOSIS HEPATIS with LARGE OESOPHAGEAL VARICES.

Treatment of Mild Cirrhosis (19)

13 required Shunt Operations for Haemorrhage

Results: 12 Successful—92% ; 1 late death from Thrombosis.

Treatment of Moderate Cirrhosis (43)

27 required Shunt Operations for Haemorrhage, with or without Ascites.

Results: 19 Successful—70.4% ; 3 Failures—11.1% ; 5 Deaths, 3 post-operative.

Conclusions: Shunt Operations of great value. Porta-Caval better than Spleno-Renal.

Treatment of Advanced Cirrhosis (57) is Medical

Operate, if possible, for Haemorrhage occasionally for intractable Ascites.

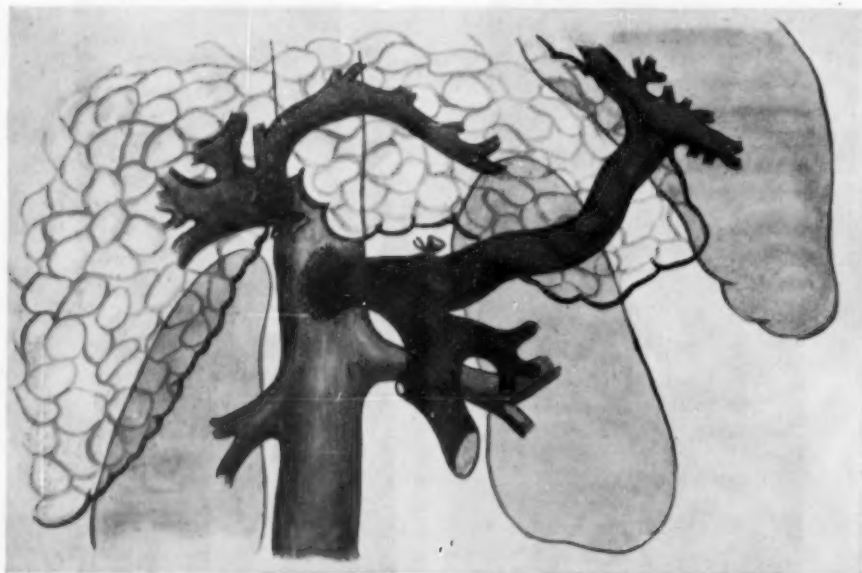
Results: Only 6 successful, 5 after shunt operations.

Conclusions: Selected cases, carefully treated, survive shunt operations and recover good health.

Ligature of oesophageal varices may stop haemorrhage.

Resections, Transections, Arterial Ligation (Hepatic or Splenic), Omentopexy,

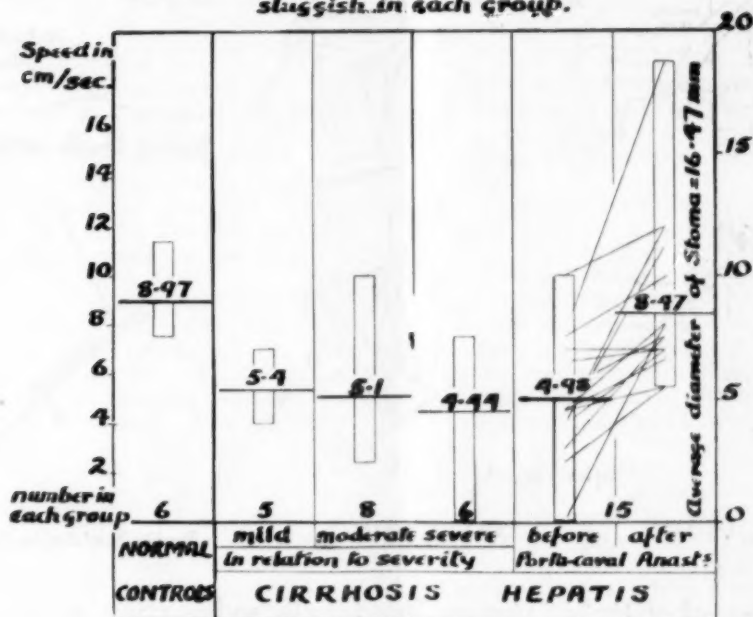
Sclerosing Injections, etc., all of little or no value.



Porta-Caval anastomosis end-to-side.

Speed of Flow in Portal Vein.

The average speed, the fastest and the most sluggish in each group.

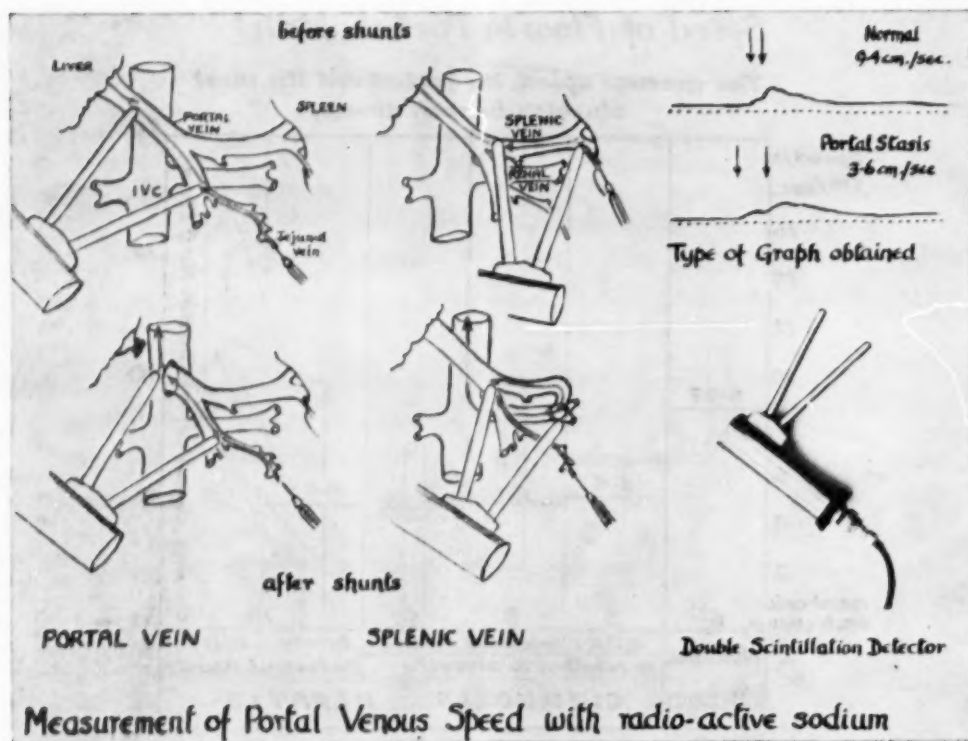


The Effects of Successful Shunt Operations

General Health improves. Life becomes normal. Liver Function improves, palmar blush and spider naevi often fade. Haemorrhages cease and Varices deflate.

The Spleen shrinks. Hb. increases about 20%. W.B.C. increase 2,000 - 5,000. Platelets, a great increase.

Ascites disappears. Portal Venous Pressure drops about 1/3rd. Portal Venous Speed about doubles. (Thrombosis occurs in 2-5% Porta-Caval and 20% Spleno-Renal).



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- HUNT, A. H. "L'Hypertension Portale et le Dumping Syndrome" (IV^e Congres de Gastro-Enterologie, 1954). (Masson et Cie., Paris, 1954.) *Proc. Roy. Soc. Med.*, 47:469, 1954.
- HUNT, A. H., and WHITTARD, B. R. *Lancet*, 1:281, 1954.

THE UNITED HOSPITALS SAILING CLUB

by

P. J. G. SMART

The United Hospitals Sailing Club was founded in 1924 by a group of keen sailing men among them Mr. Claud Worth, Mr. James Shriven, Dr. Herbert French and Professor F. G. Parsons with the object of providing facilities for past and present students of the London Teaching Hospitals to learn and to practice the use of sailing craft.

Under the guidance of Mr. Claud Worth the first Commodore, the Club was established on the upper reaches of the river Crouch at Fambridge in Essex. The expansion of the Club was, however, so rapid that in 1927 it was found advisable to transfer to Burnham-on-Crouch where except for the war years the Club has had its headquarters.

During pre-war years a fleet of twelve, one design 14-foot lugsail dinghies was built up and in the early 'thirties our old Thames barge, the "Harry," was converted to a floating Club House. The fleet was completed by some other assorted craft, including a Montague whaler and an 18-foot half decker, the "Oyster-Catcher."

With these facilities and the ever generous assistance of the senior clubs in Burnham the United Hospitals Club was fully able to achieve its objects and U.H.S.C. members were, and still are to be found in the crews of craft ranging from the America Cup challenger and ocean racers to smaller dinghies.

This happy state of affairs was interrupted by the War. The large "Harry" was requisitioned by the Navy, sailing was prohibited at Burnham and all the Club's officers left for active service. During the war years the affairs of the Club were left in the very capable hands of a non-medical old sailing friend of the Club, Mr. H. C. ("Topsy") Crafer who acted as Deputy Commodore, Treasurer and universal adviser during this difficult period and handed over an active and intact Club to the returning Officers.

During the latter part of the war, moorings and facilities were found for the Club at Hammersmith with the London Corinthian Sailing Club, who made our members welcome so that sailing and racing, though on a limited scale, were again possible.

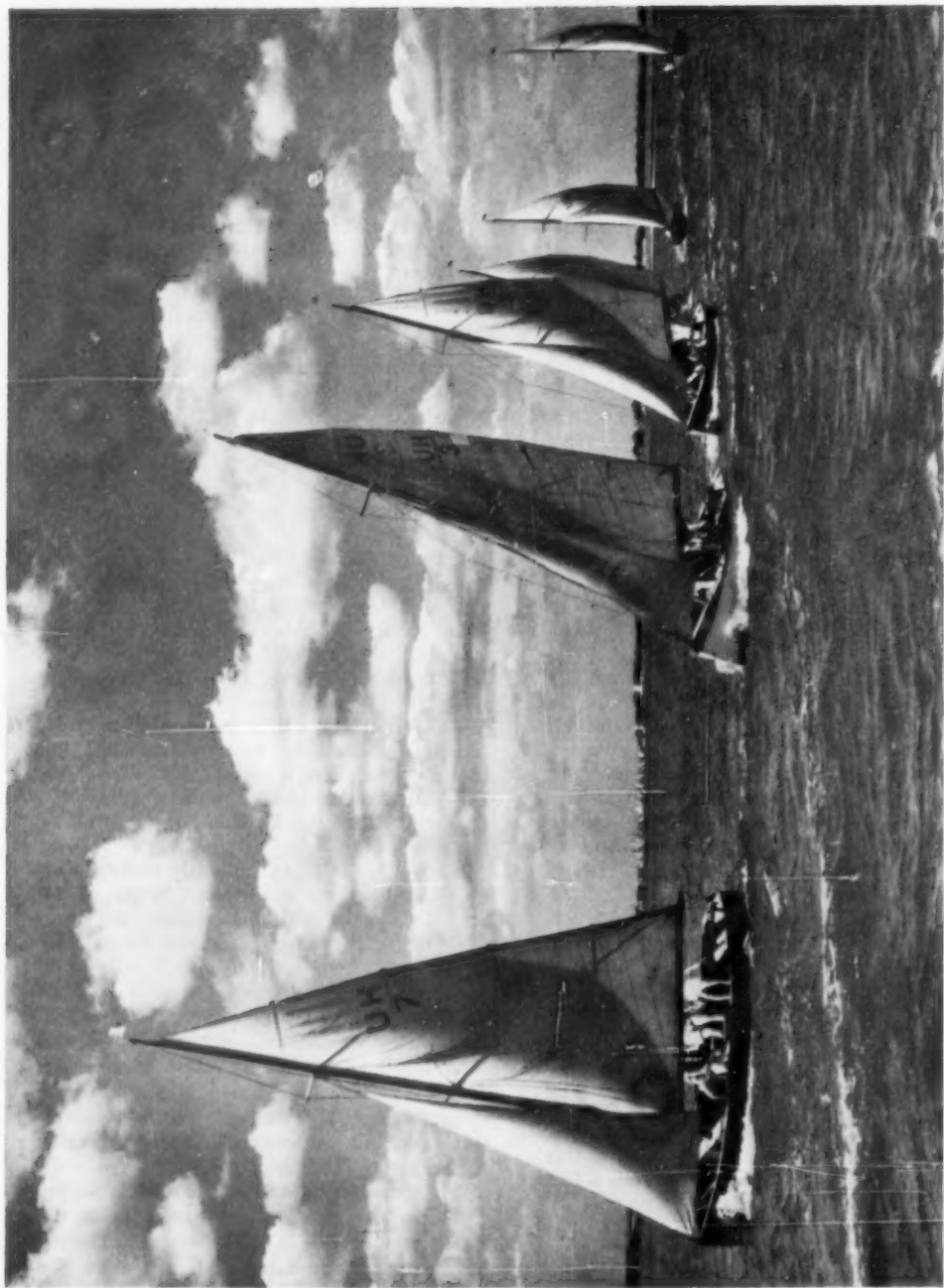
With the end of the War a return was made to Burnham, but a start had to be made from scratch as the old dinghies were mostly showing their age and the "Harry" was no longer available.

The Club was very fortunate in obtaining the lease from its old friend, the Royal Burnham Yach Club of the W.R.N.S. sick quarters which had been built on that Club's ground. These consist of a series of modified Nissen huts which have been converted and redecorated, so that there is now accommodation to sleep some fifty members with a large Mess and galley, where the Club steward prepares excellent meals at the weekends.

Only one boat ("Puffin") of the old class was retained and after experimenting with various classes, seven 16-foot Bermudan rig centre board dinghies of the Burnham Sailing Club one-design class were purchased with the support of grants from the constituent hospitals. Two more have since been added. These boats which are fast, easily handled and sturdy, have proved ideal for their purpose being equally suitable for either racing or cruising and are maintained entirely by members except for the occasional major repairs.

Racing takes place regularly every Saturday morning and afternoon. Some of the races (about 10 or 12 per season) are inter-hospital for the various trophies, the remainder are open. A draw is usually held between helmsmen for boats and the crew arrange themselves as they wish. Sundays are spent cruising on the rivers Crouch and Roach and their ramifications with a picnic lunch. All facilities are available mid-week except for the services of the Steward, and most hospitals take this opportunity sometime during the season to hold their own regattas.

The St. Bartholomew's Hospital Sailing Club was formed in 1929 consisting of the Bart's members of U.H.S.C. with Dr. Dudley Stone as Commodore. At this time the United Hospitals Club was smaller than it is now and its concern in finding new premises in Burnham is reflected in the Minutes of



By kind Permission of Frederick J. Arnes, Brightlingsea.

ROUNDING THE BUOY!

that time. The Bart's Club, however, survived until 1936 when it appears to have died a natural death in the way of so many individual hospital clubs.

In 1952 after a lapse of some 16 years the Bart's Club was reformed, largely due to the energy of J. L. Stevens (now qualified) with Dr. F. T. Evans as Commodore. The Club has progressed steadily since then. At the same time thanks to the generosity of the Student's Union a Firefly racing dinghy was bought. This boat has done much to improve the general standard of sailing, besides giving a lot of fun and its relative proximity on the Brent Reservoir at Hendon makes it readily accessible for mid-week sailing. At the same time it is also available to members for racing in any part of the country.

During these last three years Bart's members have taken a very prominent part in U.H.S.C. activities and perhaps justifiably won most of the trophies; last year winning the Bannister, Harvey Gold Bowl and Bourne Trophies and this year winning the Sherren and losing to Guy's by one point in the Bannister series. Several Bart's members have also represented U.H.S.C. with success in outside fixtures.

A two- or three-day regatta is held annually in the early summer at Burnham for Student Union members of this hospital. All three regattas have been held so far in

almost perfect summer weather which has contributed in no small way to their success.

Burnham itself is a delightful small town lying on the north side of the river Crouch, living largely by its boat yards with the addition of its oyster dredging, a subject on which Bill Bridge, the Steward, will wax eloquent of evenings in the "Ship." Few know, probably, that many of the best Whitstable oysters start their life in the oyster beds of the river Roach. Burnham has one disadvantage, if one can call it that, which is that it is very difficult to return to a murky and hot London when the river is gloriously blue and there is a good breeze ruffling the surface of the water bringing life to any craft fortunate enough to be out and about.

The rivers Crouch and Roach and their associated creeks provide some thirty to forty miles of navigable water ideal for learners to make their initial mistakes, yet at times quite sufficiently tricky to interest anyone. The strong tide only adds a certain spice to what can sometimes be an intriguing problem.

It is therefore in this way that the United Hospitals Sailing Club and the Bart's members in particular are trying to fulfil the original aims of the founders in encouraging and introducing new members to what is a delightful and leisurely recreation, an energetic and invigorating sport and a fascinating science. Yet more than that . . . it is a way of life.

The post of Assistant Editor will become vacant in the new year. Applicants should apply in writing to the *Journal* desk.

THE MIDDLE WATCH

Thursday night — November 18th — was certainly not a first night for "The Middle Watch," and there were those in the audience at the Cripplegate Theatre that were seeing the play for the second time; but many like myself, were newcomers to this particular dialogue of wit by Ian Hay and Stephen King Hall. Very commendable it was, as many who went to see it will surely agree.

The first scene opened in the Captain's lobby of H.M.S. Falcon, "a cruiser on the Hong Kong station". The scenery for this was made by members of the hospital and it served its purpose well. The second scene in the captain's cabin was perhaps not quite so convincing. The walls were decorated with a rather drab brown paper and interrupted by a very fine pair of french doors. To convert this to a front room in Kennington would have been simple—remove the painted portholes and stand an aspidistra in the corner.

Most of the characters played their parts most convincingly and some are worthy of special mention. Mary Carlton, played by Marjorie Wood, a member of the nursing staff, would have done credit to a West End stage. I have never had the privilege of meeting the lady in real life but I am sure after her performance on H.M.S. Falcon I would be unable to recognise her without an American accent. Maintaining a foreign accent throughout is usually so poorly done (by Englishmen) that it is better not attempted: but not so this time, and the credit for a really sparkling performance goes to Miss Wood.

Captain Maitland, R.N., was played by John Creightmore. Having met him in real life I was able to say "just like him". This did not detract from his performance, and I can only say that he was admirably chosen for the part. Especially noticeable was the calm way in which he drank his morning tea under the impending threat of a court martial — most compatible with the traditions of the Royal Navy.

In contrast Admiral Sir Hercules Hewitt, K.C.B., played by Alan McKinna, appeared more like a retired lieutenant-Colonel than an acting Admiral. He seemed to explode at trivial misdeeds, was easily calmed, and even blackmailed without much difficulty.

I think the part was a little overacted and a quieter tone of voice might have been more dignified.

Fay Eaton, played by Margaret Hayday another member of the nursing staff, acted well as the vivacious young fiancée of the Captain of Marines, but could do well to train her hands to remain a little less restless, and "not to saw the air too much". I have met several officers of the Royal Marines to none of whom Captain Randall (Peter Scott) bore any resemblance whatsoever. This part at least needed a man who could have passed the Initiative Test.

I laughed heartily at Marine Ogg (Victor Major), which of course was intended. His performance ranked as one of the best of the evening and he was ably supported by his Corporal i/c (Philip Bliss).

The Captain's second in command, Commander Baddeley, R.N., played by Christopher Hudson, was much more like the traditional naval officer. He kept his nerve in the most trying circumstances, and there was no suspicion of 'overdoing' the part. There was, however, much rolling of the eyes which was unnecessary.

Meriel Fairbairn as Lady Hewitt had a small but difficult part to play and drastically overacted it; but I am still not sure whether this is not what the authors of the play intended. The Admiral was a sufficient oddity to possess an even odder wife.

Charlotte Hopkinson (Rosemary Stephenson) could have been more realistic, and one can only be thankful that most of her time was spent in the gyro-room out of ear-shot.

For a large Englishman to play the small part of a ? Chinaman must always present problems of a difficult nature. These were admirably overcome by Ah Fong (Timothy Nixon).

I was very disappointed with Nancy Hewitt (Mary Morse), who played her part as though it were a confession of guilt—perhaps some black coffee before the show might have worked wonders.

Shiona White, Richard Herniman and David Langham played small supporting parts tolerably well.

In general the play was well produced, and what is more important in the opinion

of the audience, it was very enjoyable. There seemed to be no need for prompting—a rare event in amateur work—although Mary Carlton seemed somehow to know the Captain's Christian name without even inquiring about it. I suspect that certain lines

were inadvertently forgotten at some stage.

Congratulations must go to those behind the stage who were responsible for the smooth running, the admirable wardrobe and make-up, and the scenery.

SPECTATOR

*One can
only suppose
he's reading . . .*

ROUND THE FOUNTAIN



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Learn and inwardly digest :

Systemic lectures on abdominal surgery will be given every evening this week.

Not on the yellow firm !

Colostomies only work well if the patient has guts.

Prevention is better than curette.

SPORT

RUGBY FOOTBALL CLUB

St. Bartholomew's v. Stroud

Played at Stroud on Saturday, September 25th.

This proved to be a very disappointing game. After a short initial period on the offensive during which they failed to collect points from an easy penalty, the Hospital were soon defending desperately with most of the play taking place in their own "25". The Stroud forwards were much quicker on the loose ball, and displayed altogether more spirit. Eventually their efforts were rewarded with an unconverted try and two penalty goals. Towards the end of the first half the Hospital forwards rallied together and successfully carried the play into their opponents' territory. There was, however, too little thrust midfield to reap any dividends, and Phillips on the wing, who always looked dangerous, was not given enough opportunities. One promising forward movement was spoiled by poor passing just as a try seemed inevitable. At half-time the score was 9-0 to Stroud.

At the start of the second half Bart's attacked strongly. A fine run by Phillips ended with a very good opportunist try by Murphy who backed up well. This was not converted. Throughout the first period of the second half Bart's had several opportunities of increasing their score with penalty goals—none from really difficult positions, but all attempts failed until finally Lammiman succeeded in kicking a good goal from far out. At this point in the game a victory for the Hospital appeared a distinct possibility, but unhappily soon afterwards the superior fitness of the Stroud pack made itself felt, and they resumed the initiative. A try under the posts which incredibly was not converted put them further ahead. Finally in the last minutes a cross-kick to the wing left Cohen with the impossible task of stopping three men, and they scored wide out. The bad kicking which had been such a feature of the game was unrelieved and the home side failed to collect the goal points, thus letting the Hospital off lightly with a 15-6 defeat.

Team: Cohen; Phillips, Murphy, Neely, Lammiman; Scott-Brown, Charlton; Downham, Jewell, Dobson, Norbury, Roche, Tallack, Gawne, Tamlyn.

Bart's v. Berkshire Wanderers

Played at Reading on Wednesday, September 22nd.

Result: Bart's 18 Berkshire Wanderers 0.

Bart's v. R.M.A. Sandhurst

Played at Chislehurst on Saturday, October 16th.

Result: R.M.A. Sandhurst 6 Bart's 0.

St. Bartholomew's v. United Services (Chatham)

Played at Chislehurst on Saturday, October 2nd.

This the first home fixture of the season was watched by a large number of supporters, who saw the best game played at Chislehurst for a long time. At the start Bart's suffered a set back when the visitors scored six points from two penalty kicks. Play then became very even with both sides getting their share of the ball and doing all they could to break through and score. Eventually after some exciting play Lammiman went over to score for the Hospital. As in the last game the Hospital place-kickers were not on form and the goal kick went wide, as did several attempts at penalty goals. At half time the score was 6-3 to U.S. Chatham.

In the second half the Hospital went ahead with two unconverted tries to lead 9-6, only to lose the lead at 11-9 when the Services broke away on the left wing and scored a goal. The excitement mounted as the Hospital recovered the lead with a try by Scott-Brown converted by Lammiman. However the Services drew level with an unconverted try. In the last minutes Scott-Brown made a brilliant cut-through to score under the posts, and then added the goal points. The Bart's three-quarters combined well and were excellently served by a pack which

showed much improvement on previous form and played together with purpose and determination. Had the kicking been more accurate the margin of victory would have been much greater than five points.

Result: Bart's 19—U.S. Chatham 14.

Team: Walton; Phillips, Keely, Plant, Lammiman; Scott-Brown, Charlton, Downham, Jewell, Cochrane, Norbury, Tallack, Cohen, Gawne, Mackenzie.

Bart's v. Woodford

Away. Won 11—9. Saturday, October 9th.

The Hospital took the field with 14 men, and were very quickly in arrears when Woodford kicked a good penalty goal.

As on other occasions this season the team began very slowly with no fire or determination, thus allowing Woodford to take the initiative. In consequence the first 20 minutes were spent mostly in our own half and only some good tackling by the backs prevented any further score. The pack dominated the tight scrums, but many promising attacking movements were ruined by bad passing. Just before half time Lammiman equalised by dribbling over a stray pass. The kick at goal failed.

In the second half the pack lasted well, and the passing by the three-quarters did show some improvement. Further tries were added for the Hospital by Scott-Brown and Lammiman—Scott-Brown converting one. Woodford replied with two more penalty goals.

A good win for the Hospital, which with a bit more determination and fewer careless mistakes, would have been by a bigger margin. The excellent goal kicking of our opponents merely reminded us how sadly lacking we are in this department of the game.

Team: Walton; Murphy, Neely, Plant, Lammiman; Scott-Brown, Charlton, Downham, Jewell, Cochrane, Norbury, Tallack, Cohen, Gawne, Mackenzie.

St. Bartholomew's v. Cambridge University LX Club

Played at Chislehurst on Wednesday, October 20th.

The match with the LX Club is always anticipated with some anxiety by the Hospital side. This year, however, the two teams were much more equally matched and

both played hard open football. In the forwards the honours were equally divided. Benedikz played a particularly fine game and consistently out-hooked his Cambridge opponent. In the backs however the honours lay with the visitors who were heavier and more experienced. In particular their fly-half made much use of an accurate, and at times terrifying cross kick.

The score at half-time was 5—0 to the visitors, a centre having scored from a high kick ahead which bounced kindly for him. Ten more points were added in the second half, the scrum half breaking away from a scrum near the Hospital line, and later a forward beating the full back to a well placed cross-kick. Both these tries were converted with deadly accuracy. The teams much enjoyed the game; so too, we believe, did the spectators.

Result: C.U. LX Club 15—Bart's 0.

Team: Walton; Murphy, Neely, Plant, Lammiman; Scott-Brown, Cohen; Downham, Benedikz, Lofts, Norbury, Roche, Tallack, Gawne, Mackenzie.

St. Bartholomew's v. Old Whitgiftians

Played at Chislehurst on Saturday, October 23rd.

The game began in an all-too-common fashion with the visitors pressing on the Hospital goal line and soon scoring a try which was not converted. This early reverse together with the loss of Cohen with a leg injury roused the home side into action. Shortly afterwards an attack mounted in mid-field resulted in a try near the corner flag by Lammiman to level the score. The play became more and more confined to the visitors' territory and eventually Scott-Brown scored one of his typical tries which he converted himself with his best kick this season. At half-time, Bart's led 8-3.

At half-time Cohen returned and with the wind in their favour the Hospital resumed the attack, winning most of the set scrums thanks to the excellent hooking of Benedikz. Further tries came from Lammiman (2), Scott-Brown and Cohen, two of which were converted by Scott-Brown, as against one unconverted try by the visitors.

Result: Bart's 24; Old Whitgiftians 6.

Team: Walton; Murphy, Neely, Plant, Lammiman, Scott-Brown, Cohen; Downham, Benedikz, Lofts, Norbury, Roche, Tallack, Gawne, Thomas.

CORNISH TOUR

St. Bartholomew's v. Penzance and Newlyn. Won 11-8. Played at Penzance on Saturday, November 6th.

This game proved to be the best of the tour, and by far the most exciting to watch. The Hospital forwards were quick to settle down and in the first few minutes it was obvious that they were a match for their opponents. The excellent hooking of Benedikz and the work of Graham and Roche in the line outs gave the backs a very adequate supply of the ball, but effective marking and tackling by the Penzance centres brought all movements to a standstill. The Penzance threequarters were at this stage of the game superior in attack, and despite some good covering they eventually broke through to score a try which was converted.

After renewed pressure on the Hospital line Penzance were awarded a penalty from which kick they gathered another three points, to increase their score. At half time Penzance led by eight points to nil.

In the second half the Hospital forwards completely dominated the game, Penzance being handicapped by the loss of one of their forwards. The backs now had a plentiful supply of the ball and Scott-Brown made clever use of the low kick-ahead forcing the Penzance backs to lie more deeply and thus giving Bart's three more room in which to manoeuvre. Some fine runs by Plant and Lammiman inspired the team to greater efforts, and it was not long before Lammiman after a good run scored in the corner. Badley's attempt at conversion failed, but he later made up for this with a fine penalty goal. In the closing minutes of the game Graham gathered a loose clearance on the line and dived over for a try which was well converted by Badley.

Team:—Badley, Plant, Neely, Murphy, Lammiman, Scott-Brown, Cohen, Downham, Benedikz, Macadam, Graham, Roche, Tallack, Gawne, Mackenzie.

HOCKEY CLUB

Wednesday, 23rd October v. Royal Vet. College (Home).

WON 5-0 (Blake 2, Batterham 1, Dunkerley 1, Nicholson 1). An "A" XI won quite easily, without ever being fully extended.

Saturday, 30th October v. Sevenoaks (Away).

LOST 0-2. A rather scrappy game.

Wednesday, 3rd November v. Kingston G.S. (Home).

LOST 0-1. Even play, with Bart's having slightly more of the ball but failing to score when in the circle.

Saturday, 6th November v. Westminster Hospital (Away).

DRAWN 2-2 (Batterham 1, Tait, 1). In the first half Bart's played well together and were much quicker on the ball, scoring twice in the first twenty minutes, but then allowed the tempo to drop.

Saturday, 13th November v. Lensbury (Away).

LOST 0-2. A fast even game in which Bart's were at no stage badly outplayed, with no score at half-time. In the second half Bart's increased the pace and had more of the ball, but the forwards failed to make full use of their opportunities in the circle, tending to take too long steadying the ball before shooting. Both backs combined well in defence and Doherty played a very good game in goal.

Will anyone willing to umpire 2nd XI games, either regularly or occasionally, please inform the Secretary.

The Club Dinner will be held on Thursday, 9th December.

WOMEN'S HOCKEY CLUB

The Annual General Meeting of the Women's Hockey Club was held on June 19th, 1954 at Charterhouse Square. Professor Wormall was in the Chair.

The captain, Miss Macire, in her report said, that the club had had a very successful season. The first team had won all but two of their matches, and in March won the United Hospitals Shield beating St. Mary's 3-0 in the final round. This was the first time the club had won the shield; they were particularly pleased to have in the team several of the members who had played regularly for the club, since it was formed.

Miss Macire said that the second team had only played three matches, but that it was hoped they would have more fixtures in the coming season.

The captain ended her report by thanking Professor Wormall, Mr. Hume, and Mrs. Dalf for their continued support which was invaluable to the club.

BOAT CLUB

The United Hospitals Winter Regatta for small boats was held at Putney on November 17th in fine weather. Although the Club took three cups away and returned to their Annual Dinner in the evening with none, any despondency was short lived. The club is determined that the rest of the season shall be a successful continuation of the achievements of last year.

The Dinner was at the "White Hart" Giltspur Street. The Club was honoured to have as guest Sir Harold Gillies, who is a past Secretary; other guests were Professor A. J. E. Cave, Dr. A. G. S. Bailey, and Mr. A. C. Sheed. Professor L. P. Garrod was in the Chair.

Regatta Results.

Senior Fours. 1st Heat. London Hospital beaten easily. The racing was over after the first ten strokes.

2nd Heat. Middlesex Hospital beaten by 4 lengths.

Final. St. Thomas's 'A' went away to an early small lead, but Bart's fought back and seemed to be narrowing the gap. After the Black Buoy the St. Thomas's crew went ahead to win by one and a half lengths.

Junior Fours. 'A' Four in their 1st Heat rowed one of the most exciting races of the day against St. Thomas's. The result was in doubt until near the end of the course, but St. Thomas's eventually won by a half length, and went on to win the event.

'B' Four came second in their heat, finishing 2 lengths behind London and 2 feet in front of St. George's.

Pair Oars. Rowing with a substitute, the Pair was beaten by two lengths by the St. Thomas's crew.

Junior Sculls. Heat 2: Bart's, St. Mary's and St. Thomas's. Won by T. J. King of St. Mary's who later won the event. Bart's (C. C. H. Dale) came in a strong second.

Heat 3: St. Mary's, Bart's, St. Thomas's. Lost.

Rugger Fours. Heat 1: London, Bart's, St. Thomas's. Won by Bart's—half a length.

Final: Bart's, Westminster and St. Mary's, won by Westminster—1½ lengths.

Crews: Senior Four: C. N. Hudson (steers), J. F. Pigott, D. Black. J. M. Currie (stroke)

Junior Four: "A" A. J. Ellison, R. D. Marshall, D. King, T. Bolton (stroke). A. R. Geach (cox).

Junior Four: "B" C. Wood, K. Durrant, M. A. Bedford, D. W. Thomas (stroke). R. L. Rothwell Jackson (cox).

Pair Our: C. C. H. Dale (Steers), B. P. Harrold. (stroke).

Junior Sculls: D. J. Davies, C. C. H. Dale.

Rugger Fours: B. Thom, M. Sleight, E. Gawne, A. Ferguson (stroke), C. Charlton (cox).

EXAMINATION RESULTS

CONJOINT BOARD

FIRST EXAMINATION

September, 1954

Anatomy

Bench, J. T.

Physiology

Bench, J. T.

Pharmacology

Menage, J. A.

FINAL EXAMINATION

October, 1954

Pathology

Maltby, J. W.
Canning, W. C.
Grant, B. G. H.

Burrows, P. J.
McDonald, P.

Burgess, E. H.
Nerney, J. M.

Fletcher, L. O. A.
Cairns, D. A. O.

Medicine

Maltby, J. W.
Wheeler, B. R.

Gawne, E. F. D.
Martin, R. M.

Fletcher, L. O. A.

Morgan, C. I.

Surgery

Maltby, J. W.
Mears, M. E.

Fieldus, E. R.
Gawne, E. F. D.

Wheeler, B. R.
Hennessy, D. B. E.

Dormand, G. S.
Aldous, I. R.

Midwifery

Maltby, J. W.
Dunkley, A. H.

Mears, G. W. E.
Gawne, E. F. D.

Taylor, R. C.
Aldous, I. R.

Arthur, T. I. F.
Pagan, R. T.

The following have completed the examination for the Diplomas M.R.C.S., L.D.C.P.

Maltby, J. W.	Taylor, R. C.	Fieldus, E. R.	Morgan, C. I.
Wheeler, B. R.	Fletcher, L. O. A.	Pagan, R. T.	Hennessy, D. B. E.
Aldous, I. R.	Martin, R. M.	Gawne, E. F. D.	

UNIVERSITY OF LONDON

GENERAL SECOND EXAMINATION FOR MEDICAL DEGREES

September, 1954

Coackley, M. C.

McKerrow, M. M.

Lewis, J. H.

**M.S. EXAMINATION
October, 1954**

Hadfield, G. J.

**EXAMINATION FOR THE ACADEMIC POSTGRADUATE DIPLOMA IN
CLINICAL PATHOLOGY
September, 1954**

Singh, B.

UNIVERSITY OF OXFORD

**SECOND B.M. EXAMINATION
Long Vacation, 1954**

Forensic Medicine and Public Health

Fairbairn, D.
Pearson, J. M. H.

Keene, M.

Viner, J.

Mitchell, M. A.

Special and Clinical Pathology

Fairbairn, D.
Mitchell, M. A.

Holden, H. M.
Mitchell, P. J.

Viner, J.

Keene, M.



**CURRENT PERIODICALS IN THE HOSPITAL AND
MEDICAL COLLEGE LIBRARIES**

This list includes only those periodicals still current, the dates after titles indicating the commencement of continuous runs. Sassoon Dept. journals, and unbound copies of those taken by the E.N.T. Dept. are housed in the Medical College Library.

Persons desiring to consult or borrow periodicals housed in departmental libraries are recommended to consult the heads of the appropriate departments, or the persons in charge of the individual libraries.

A. Anatomy Department.
B. Biochemistry Department.
C. Charterhouse Branch Library.
D. Dunn Laboratories Library.
E.N.T. Ear, Nose and Throat Department.
K. Kanthack Library.

M. Medical College Library.
P. Physiology Department.
Ph. Physics Department.
S. Sassoon Department.
W. Williamson Laboratory.
Z. Zoology and Comparative Anatomy Department.

- Abstracts of World Medicine, 1947 (D;M).
 Acta Oto-Laryngologica, 1949 (E.N.T.).
 Acta Physiologica Scandinavica, 1954 (P).
 Acta Radiologica, 1936 (S).
 American Journal of Anatomy, 1901 (C).
 American Journal of Medicine, 1949 (D).
 American Journal of Obstetrics and Gynaecology, 1931 (M) ; 1955 (W).
 American Journal of Pathology, 1951 (K).
 American Journal of Physical Anthropology, 1950 (A).
 American Journal of Physiology, 1939 (C ; D) ; 1951 (P).
 American Journal of Roentgenology, 1924 (S) ; 1954 (Ph).
 American Journal of the Medical Sciences, 1909 (M).
 American Review of Tuberculosis, 1952 (K).
 Anaesthesia, 1946 (M).
 Analyst, 1930 (K).
 Analytical Abstracts, 1950 (K).
 Anatomical Record, 1906 (C).
 Angiology, 1953 (D).
 Annales de l'Institut Pasteur, 1887 (K).
 Annals of Otolaryngology, Rhinology and Laryngology, 1949 (E.N.T.).
 Annals of Surgery, 1909 (M).
 Annals of the Royal College of Surgeons of England, 1947 (D; M).
 Annual Review of Biochemistry, 1932 (B).
 Annual Review of Microbiology, 1947 (B).
 Annual Review of Physiology, 1939 (B; P).
 Annotated Bibliography of Cortisone, A.C.T.H. and related Hormonal Substances, 1950 (M).
 Antibiotics and Chemotherapy, 1951 (M).
 Archives of Biochemistry, 1942 (C).
 Archives of Disease in Childhood, 1926 (M).
 Archives of Internal Medicine, 1931 (D).
 Archives of Neurology and Psychiatry, 1935 (M).
 Archives of Otolaryngology, 1949 (E.N.T.).
 Archives of Pathology, 1928 (K).
 Australian and New Zealand Journal of Surgery, 1931 (M).
 Biochemical Journal, 1906 (C) ; 1926 (K).
 Biochimica et Biophysica Acta, 1953 (B).
 Biological Abstracts, 1947 (C).
 Biological Reviews, 1954 (P; Z).
 Blood, 1947 (K).
 Boots, References to Current medical literature, 1954 (M).
 Brain, 1889 (M).
 British Abstracts of Medical Science, 1954 (C).
 British Empire Cancer Campaign Annual Report, 1928 (M).
 British Heart Journal, 1938 (M).
 British Journal of Animal Behaviour, 1954 (Z).
 British Journal of Cancer, 1947 (M).
 British Journal of Dermatology, 1944 (M).
 British Journal of Experimental Pathology, 1920 (K).
 British Journal of Nutrition, 1947 (C).
 British Journal of Ophthalmology, 1947 (M).
 British Journal of Pharmacology and Chemotherapy, 1946 (C).
 British Journal of Radiology, 1920 (Ph.) ; 1935 (M) ; 1947 (C).
 British Journal of Surgery, 1913 (M) ; 1950 (A).
 British Journal of Urology, 1929 (M).
 British Medical Bulletin, 1943 (M).
 British Medical Journal, 1860 (M); 1936 (C).
 Brompton Hospital Reports, 1932 (M).
 Bulletin of the Medical Library Association, 1931 (M).
 Chemical Abstracts, 1941 (C) ; 1946 (B).
 Chronicle of the World Health Organisation, 1947 (M).
 Circulation, 1951 (D).
 Circulation Research, 1953 (D; P).
 Cleveland Clinic Quarterly, 1950 (D).
 Clinical Science, 1933 (D) ; 1948 (M) ; 1951 (P).
 Collected Papers of the Mayo Clinic and the Mayo Foundation, 1905 (M).
 Conquest, 1950 (M).
 Current List of Iodine Literature, 1954 (M).
 Current List of Medical Literature, 1947 (M).
 Current Researches in Anesthesia and Analgesia, 1927 (M).
 Current Work in the History of Medicine, 1954 (M).
 Danish Medical Bulletin, 1954 (M).
 Discovery, 1954 (Z).
 Diseases of the Chest, 1951 (D).
 Electrical Engineering Abstracts, 1947 (Ph).
 Electronic Engineering, 1951 (Ph).
 Emu, 1954 (Z).
 Endeavour, 1942 (C).
 Geographical Journal, 1954 (Z).
 Ibis, 1954 (Z).
 Indian Heart Journal, 1949 (M).
 Indian Journal of Medical Research, 1914 (M).
 Glasgow Medical Journal, 1871 (M).
 Great Britain, Ministry of Health, Annual Report, 1949 (M).
 Guy's Hospital Reports, 1836 (M).
 Helvetia Physiologica et Pharmacologica Acta, 1954 (P).
 International Abstracts of Surgery, 1914 (M).

- International Medical Digest, 1953 (D).
 Journal of Animal Ecology, 1954 (Z).
 Journal of Anatomy, 1867 (C).
 Journal of Applied Physics, 1947 (C).
 Journal of Applied Physiology, 1948 (D; P).
 Journal of Biological Chemistry, 1916 (C).
 Journal of Bone and Joint Surgery, A and B, 1948 (D; M).
 Journal of Clinical Investigation, 1926-7 (D); 1934 (K); 1954 (P).
 Journal of Clinical Pathology, 1949 (K).
 Journal of Comparative Neurology, 1908 (C).
 Journal of Endocrinology, 1947 (M); 1954 (Z).
 Journal of Experimental Biology, 1954 (Z).
 Journal of Experimental Medicine, 1926 (K).
 Journal of Hygiene, 1901 (K).
 Journal of Immunology, 1926 (K).
 Journal of Infectious Diseases, 1904 (K).
 Journal of Laboratory and Clinical Medicine, 1951 (K).
 Journal of Laryngology and Otology, 1949 (E.N.T.).
 Journal of Neurology, Neurosurgery and Psychiatry, 1954 (M).
 Journal of Neurophysiology, 1938 (P).
 Journal of Nuclear Energy, 1954 (Ph).
 Journal of Nutrition, 1940 (C).
 Journal of Obstetrics and Gynaecology of the British Empire, 1902 (M); 1955 (W).
 Journal of Pathology and Bacteriology, 1892 (K); 1925 (M).
 Journal of Pediatrics, 1947 (M).
 Journal of Pharmacology and Experimental Therapeutics, 1939 (C).
 Journal of Pharmacy and Pharmacology, 1949 (C).
 Journal of Physiology, 1878 (C); 1924 (P); 1951 (D).
 Journal de Physique et de Radium, 1947 (Ph).
 Journal of Scientific Instruments, 1923 (Ph).
 Journal of the American Chemical Society, 1944 (C).
 Journal of the American Medical Association, 1926 (M).
 Journal of the Faculty of Radiologists, 1949 (M).
 Journal of the History of Medicine, 1946 (M).
 Journal of the Mount Sinai Hospital, New York, 1936 (M).
 Journal of the Royal Army Medical Corps, 1903 (M).
 Journal of the Royal Microscopical Society, 1954 (Z).
 Lahey Clinic Bulletin, 1950 (D).
 Lancet, 1824 (M); 1943 (C); 1950 (P).
 Leukemia Abstracts, 1953 (M).
 Medical and Biological Illustration, 1951 (P).
 Medical Annual, 1894 (M).
 Medical Directory, 1854 (M).
 Medical Journal of Australia, 1923 (M).
 Medical Journal of the South-West, 1954 (M).
 Medical Press, 1945 (M).
 Medical Register, 1860 (M).
 Medicine, 1923 (D).
 Medicine Illustrated, 1949 (M).
 Nature, 1932 (C); 1944 (P; Ph); 1954 (Z).
 New England Journal of Medicine, 1951 (M).
 New York State Journal of Medicine, 1945 (M).
 New Zealand Medical Journal, 1916 (M).
 Nuclear Science Abstracts, 1950 (Ph).
 Nucleonics, 1947 (B; Ph).
 Nutrition Reviews, 1949 (C).
 Ophthalmic Literature, 1947 (M).
 Pharmacological Reviews, 1949 (C); 1951 (P).
 Philosophical Magazine, 1950 (Ph).
 Philosophical Transactions of the Royal Society of London, 1954 (Z).
 Physical Review, 1927 (Ph).
 Physics Abstracts, 1946 (Ph).
 Physics Today, 1953 (Ph).
 Physiologia Comparata et Oecologia, 1954 (Z).
 Physiological Reviews, 1921 (C); 1948 (P).
 Post-Graduate Medical Journal, 1925 (M).
 Practitioner, 1868 (M).
 Proceedings of the Physical Society, 1946 (Ph).
 Proceedings of the Royal Society, B, 1954 (Z).
 Proceedings of the Royal Society of Medicine, 1907 (M); 1951 (D).
 Proceedings of the Staff Meetings of the Mayo Clinic, 1937 (M).
 Proceedings of the Zoological Society of London, 1954 (Z).
 Public Health Reports, 1952 (M).
 Quarterly Bulletin of the Northwestern University Medical School, 1953 (M).
 Quarterly Cumulative Index Medicus, 1922 (K); 1927 (C); 1938 (D; M).
 Quarterly Journal of Experimental Physiology, 1951 (P).
 Quarterly Journal of Medicine, 1907 (D; M).
 Quarterly Journal of the Microscopical Society, 1954 (Z).

Radiation Research, 1954 (B; Ph).
 Radiology, 1943 (S) : 1954 (Ph).
 Registrar General's Statistical Review of
 England and Wales, 1948 (M).
 Review of Medical and Veterinary My-
 cology, 1943 (K).
 Review of Scientific Instruments, 1933 (Ph).
 Reviews of Modern Physics, 1938 (Ph).
 St. Bartholomew's Hospital Journal, 1893
 (C; M).
 Science, 1938 (C).
 Science Progress, 1947 (C).
 School Science Review, 1947 (C).
 Semaine des Hôpitaux, 1953 (M).
 South African Journal of Clinical Science,
 1950 (M).
 Surgery, 1947 (D).

Surgery, Gynecology and Obstetrics, 1914
 (M) ; 1952 (D).
 Texas Reports on Biology and Medicine,
 1943 (C; M).
 Thorax, 1946 (M) ; 1950 (D).
 Transactions and Studies of the College of
 Physicians of Philadelphia, 1938 (M).
 Transactions of the Association of American
 Physicians, 1886 (M).
 Transactions of the Medical Society of
 London, 1890 (M).
 Transactions of the Zoological Society of
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 J. D., and WORMALL, A. The fate of
 intravenously injected antigenic proteins
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 rabbits. *Proc. Second Radioisotope
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 problem of influenza. *Practitioner*,
 173, Nov., 1954, pp. 534-539.
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 WOODHEAD, D. H. The gubernaculum
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 27, 1954, pp. 375-378.
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- *—. An outline of the history of
 medicine. *Nurs. Mirror*, 100, Oct., 1954.
- *—. Antoine Baumé (1728-1804). *Chem.
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- *—. Erastus Bradley Wolcott (1804-80),
 and the first nephrectomy. *Med. Press*,
 Oct. 20, 1954, pp. 363-364.
- *—. Franz Schuh (1804-65): Pioneer
 surgeon. *Med. Press*, Oct. 27, 1954,
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- *—. Giovanni Maria Lancisi (1654-
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 781.
- *—. Pierre François Baron Percy (1754-
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- *—. Singer who made medical history;
 the story of Manuel Garcia. *Nurs.
 Mirror*, 99, Sept., 1954.
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 Press*, Nov. 3, 1954, p. 412.
- Sir Richard Owen, K.C.B., F.R.C.S.
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- *—. Vincent van Gogh (1853-90). Artist
 and addict. *Brit. J. Addiction*, 51,
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- *—. William Crawford Gorgas (1854-
 1920), who redeemed the tropical world
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 162, Oct. 2, 1954, p. 350.
- BUTLER, H. The development of the
 dural venous sinuses in man. *J. Anat.*,
 88, Oct., 1954, p. 546.

- , Post-natal changes in the intra-abdominal umbilical vein. *Arch. Dis. Childh.*, 29, Oct., 1954, pp. 427-435.
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- *CAPPS, F. C. W. Advances in the treatment of diseases of the ear, nose and throat. *Practitioner*, 173, Oct., 1954, pp. 415-425.
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- *HEATHFIELD, K. W. G., and WILLIAMS, J. R. B. Peripheral neuropathy in periarthritis nodosa. *Lancet*, II, Oct. 2, 1954, pp. 673-677.
- *HENDERSON, R. S. Dislocation of the patella and associated injury to the articular cartilage. *Alberta Med. Bull.*, 19, Aug., 1954, pp. 36-38.
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- *PARTINGTON, M. W. The vascular response of the skin to ultra-violet light. *Clin. Sci.*, 13, Aug., 1954, pp. 425-436.
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- , See LUNN, G. M., and —.
- RAVEN, R. W. The surgical treatment of carcinoma of the hypopharynx. *Brit. J. Surg.*, 42, Sept., 1954, pp. 113-122.
- *— and LEVISON, V. B. Radiation cancer of the pharynx. *Lancet*, Oct. 2, 1954, pp. 683-684.
- ROTBLAT, J. Nature and production of radioisotopes. *Med. Illus.*, 8, Nov., 1954, pp. 696-703.
- , See WORMALL, A., and —.
- SCOTT, R. BODLEY. Radioactive phosphorus in haematology. *Med. Illus.* 8, Nov., 1954, pp. 711-713.
- SHOOTER, R. A. See DURHAM, M. P., —, and CURWEN, M. P.
- , See GARROD, L. P., —, and CURWEN, M. P.
- *TATLOW, W. F. TISSINGTON, and others. The clinical effects of chlorpromazine on dyskinesia. *Canad. Med. Ass. J.*, 71, 1954, pp. 380-381.
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- WICKES, I. G. Foetal defects following insulin coma therapy in early pregnancy. *Brit. Med. J.*, Oct. 30, 1954, pp. 1029-1030.
- WILLIAMS, J. R. B. See HEATHFIELD, K. W. G., and —.
- *WITTS, L. J. Advances in the treatment of blood diseases. *Practitioner*, 173, Oct., 1954, pp. 389-394.
- WINSTONE, N. E. See FRANKLIN, K. J., and —.
- WOODHEAD, D. H. See BACKHOUSE, K. M., BUTLER, H., and —.
- *WORMALL, A., and ROTBLAT, J. F. L. HOPWOOD, D.Sc., *Brit. Med. J.*, May, 1954, p. 1157.
- , See ALMOND, A. E., and others.

*Reprints received and herewith gratefully acknowledged. Please address this material to the Librarian.

BOOK REVIEWS

A Synopsis of Medicine, 10th Edition by Sir Henry Tidy. Published by John Wright and Sons Ltd., pp. 1,265. Price 35s.

It is indeed a pleasure to see a new edition of this *Synopsis of Medicine*. Recent advances, although they have not been as dramatic as the discovery of penicillin, have at least dictated that reference books keep abreast of them, if they are to serve a useful purpose. This book has always been money for value and one might go as far as saying indispensable to every doctor and student. It constitutes the ready reckoner of medical diagnosis. The disease, its cause, its aetiology and its treatment are concisely discussed and arranged. The index is very full and of great assistance in a work of this magnitude.

There are few entirely new articles and most of the revision has been accomplished by substitution of recent knowledge for old. This edition has,

therefore, maintained the same dimensions as the previous one.

As a book of reference, it is invaluable.

D.R.S.

Aids to Histology by Geoffrey H. Bourne. 6th Edition. Published by Baillière, Tindall and Cox Ltd., pp. viii + 162 and 59 illustrations. Price 6s.

Dr. Bourne is to be congratulated on producing yet another edition of this "Aids." The inclusion of recent advances on the structure of collagen and the distribution of phosphatases brings this volume into line with the larger textbooks. The sections on bone formation and striated muscle are clear, brief and detailed and students will find the correlation of the diagrams of the different levels of the alimentary tract with the functions of their characteristic glands most helpful.

The histological differences of the various parts of the renal tubules are well described but the clinically more important relations of glomerular tuft, basement membrane and capsular epithelium are left out. It is a pity that the one typographical error should be the use of "afferent" in place of "efferent" for the arterioles leaving the glomeruli. (p. 116.)

Senior students taking examinations in pathology and surgery should be cautious in following Dr. Bourne's academic use of "simple squamous epithelium" for the lining membrane of the serous cavities. In these two subjects "squamous" means "stratified squamous" and the occurrence of this tissue in the pleura or peritoneum is usually carcinomatous!

These trivial criticisms apart, "Aids to Histology" can be recommended not only to the last-minute neurot but to the average and first-rate student alike with the certainty that he will get a rapid and thorough revision of the subject.

J. R. B. WILLIAMS.

Elizabeth Tudor: The Lonely Queen by Sir Arthur Salusbury MacNalty. Published by Christopher Johnson, pp. 272. Price

A good title. Queen Elizabeth the First was lonely; but in the introduction to the book the author gives the impression that it is to be primarily a discourse on the medical aspect of the Queen's life and policies. Disappointingly this is not so, for only in Chapter XV does he really get to grips with the medical background. This chapter is most lucid and I for one, would agree with Sir Arthur MacNalty's opinions, although many would not.

Much time is spent on the history of the period, the private life of the Queen, her polemics with the Continental powers, and short biographies of her statesmen. This makes good reading but will probably be known by most readers before they attempt the book.

It is interesting to see how the various pains and illnesses from which the Queen suffered and about which she wrote in her letters have been identified by the author. The evidence for the migraine and the nephritis piece together rather like clues in a detective novel.

In spite of its shortcomings I enjoyed this book and several points about the intriguing life of Queen Elizabeth have been made clear to me for the first time.

A.G.S.

Chemotherapy in the Treatment of Tuberculosis.

Eleven papers read at a Tuberculosis Educational Institute Refresher Course, Cambridge, 1953, pp. 60. Price 5s. Distributed by the National Association for the Prevention of Tuberculosis.

This small booklet contains useful information on the most recent findings connecting chemotherapy and tuberculosis. As this disease is still so widespread most practitioners could gain much by reading these papers.

Psychology the Nurse and the Patient by Doris M. Odum. Second Edition. A "Nursing Mirror" publication. pp. 168. Price 12s. 6d. The recent introduction of psychology into the syllabus for both preliminary and final state

examinations recognises the need for a practical knowledge of psychology by all nursing staff. This book was first published in 1952 and this edition has been revised to include the development of human behaviour in the family and society also the nursing and treatment of neuroses and psychoses. Dr. Odum shows a deep understanding of humanity and conveys to her readers an interest in the essentials of elementary psychology. I found the book interesting reading and recommend it to all student nurses as well as to those contemplating training as a nurse. I wish all ward sisters, especially some I unfortunately met during my training, would read this book, pages 72-73 in particular.

C.W.H.

Lectures on the Scientific Basis of Medicine.

Volume II, 1953. Published by the Athlone Press, pp. 380 + 29 plates. Price 35s.

To keep up with the advances in medicine is always the aim of the Postgraduate, but the science behind the advances often goes unheeded. The British Postgraduate Medical Federation has for the last two years arranged for a series of lectures to be given for the help of younger research workers and graduates training for Specialist careers. Each lecture course is printed and appears in this book yearly. The book covers a wide field and has been contributed to by many eminent workers, W. S. Feldberg, Sir James Spence and Sir Alexander Fleming being especially called to mind.

Although intended for postgraduates it would seem that the book contains much useful information for the undergraduate facing examination in physiology and biochemistry. Chapters such as that on The Physiology of the Autonomic Nervous System and The Physiology of Parturition would make useful undergraduate reading, and that on the Physiological Effects of Gravity can be read with much pleasure.

This volume and those to follow in future years should be read at least in part, by all those wishing to extend their knowledge beyond the limiting confines of standard textbooks.

B.R.

Fluid Balance in Surgical Practice by L. P. Le Quesne, M.A., B.M., B.Ch.(Oxon.), F.R.C.S. pp. 130. Illustrated. 17s. 6d. London: Lloyd-Luke (Medical Books) Ltd., 1954.

The advance in technique resulting in the growth in range and magnitude of operative procedure, together with a diminishing morbidity and mortality, has contributed largely to the success of modern surgery; and this success depends to a large extent on pre-operative and post-operative treatment. So great a strain may be placed on the patient's resources due to the magnitude of a modern operation that any deviation from a natural metabolic pattern may cause serious results. An understanding of this has necessitated a renewed interest by many surgeons in fluid and electrolyte problems.

This essentially practical manual is based on the Moynihan Prize Essay for 1953. In the early chapters the theoretical background is covered adequately but simply, and is well illustrated by Mr. Le Quesne's personal observations in this field. In turn, the response to operation, the administration of fluids and electrolytes in uncomplicated cases, dehydration, potassium deficiency, renal

failure, salt and water excess, are all dealt with together with caloric problems and fluid balance in children.

Throughout the book the literature is discussed and a valuable list of references is given at the end; also several abbreviated case histories.

The author stresses the importance of the wider use of milli-equivalents and makes a plea for the uniformity of fluid measurement. The diagrams are clear and the convention by which positive balances are indicated below the line is fully explained early in the book.

This is a well written monograph which every student would do well to read some time during his first surgical appointment.

D.F.

An Introduction to Pathology by G. Payling Wright. Published by Messrs. Longmans, Green and Co. Ltd., pp. XII + 636. Price 40s.

There is a tendency for students of pathology to read only systematic work and to avoid the general. This second edition has been brought out with a view to filling the gap in the average student's knowledge of general principles. The first edition of this book appeared in 1950 and was well received; this second edition should likewise prove popular. Basically there is little change in the material but alterations to keep pace with modern discoveries have been made and two new chapters have been added. One deals with hypersensitivity reactions and the other with radiation changes. This subject is assuming greater proportions every day and the twenty pages devoted to it is certainly worth while. No doubt this chapter will be further extended in later editions.

The book as a whole is well produced in clear type on first-class gloss paper. The illustrations are plentiful and mostly helpful in a fuller understanding of the text. Students would do well to have this book.

Rheumatism by W. S. C. Copeman and R. M. Mason. Duckworth's Health Series. Price 8s. 6d.

This volume of 152 pages is one of a series designed to educate the lay reader in various medical subjects and to prevent his falling into the error of accepting many current false beliefs and to give him a balanced view of the disorders under discussion. As the editor, Lord Horder, says in an introductory note, these books are designed to give precise authoritative information and to explain things simply and intelligibly to the reader but not to prescribe self-treatment. They are in no sense "Home Doctors" but merely aim to tell the truth about certain disorders to the general public.

On the whole the volume succeeds; written in simple language it makes very entertaining reading. It makes its points easily, the few illustrations are well chosen. Necessarily dogmatic, it gives a very balanced view of the whole subject of rheumatology. There are few misprints: the formula of cortisone is incorrectly given on p.121 as the result of a minor typographical error. All in all a book to commend to the interested lay reader.

F. DUDLEY HART.

A Pocket Medicine by G. E. Beaumont, M.A., D.M. Third edition, pp. 210. Published by Messrs. J. & A. Churchill Ltd. Price 10s. 6d. Some students find it embarrassing to read a

massive tome on some medical subject in a crowded public transport. For such persons here is the answer. A condensed form of "Essentials of Medicine", that takes up as much space as a short novel and costs even less. The price is within every student's reach. The fact that a third edition has been so quickly called for is proof of its popularity and usefulness. The information given is precise and sensibly arranged and constitutes a "must" for all those contemplating examinations. In this new edition the text has been thoroughly revised and brought up to date and a table of sedative drugs in common use has been included.

Nursing and Treatment of Acute Anterior Poliomyelitis by Glady M. Hardy. Published by Faber and Faber. Price 5s. pp. 63.

The seriousness of poliomyelitis is universally recognised. Intensive research is continuing and there remains more to be discovered. The authoress aims at giving nurses a clearer understanding of the intricacies of the disease. Valuable information is given regarding modern treatment of the specific types of poliomyelitis. The book is well laid out and easy to read. Perhaps more should have been said of the part played by the physiotherapist. However, it is a useful little book for those dealing with such cases and deserves a place in every nurses' library.

C.H.

Any Questions? Third series of extracts by anonymous authors; from the British Medical Journal. Published by the British Medical Association, pp. xv and 227. Price 7s. 6d.

The appearance of a third book in the series "Any Questions" must be taken as an indicator of their popularity. As in the previous two volumes, the questions and answers are reproduced from the popular weekly feature of the same name in the B.M.J. The answers are to questions from doctors mostly in general practice and help to clarify many of the problems which arise in the normal course of such work. Every aspect has again been covered and the book includes an index for all three volumes.

Mr. Guy's Hospital, 1726-1948, by H. Cameron. Longmans, Green & Co. (1954), pp. xiv 520; illustrated. 30s.

Three years ago we reviewed a smaller account of Guy's Hospital published by the Guy's Hospital Gazette Committee, and this has been succeeded by an exhaustive history from the pen of a former Dean of the Medical School.

Dr. H. C. Cameron's book will be of particular value as a continuation of *The Biographical History of Guy's Hospital* by Wilks and Bettany, published in 1892, but it also supplements, and indeed sometimes corrects, that invaluable source of information on Guy's men. Dr. Cameron presents a brief biography of Thomas Guy followed by a detailed account of the development of the Hospital that he founded. Some of the greatest figures in the history of medicine were closely associated with Guy's—Sir Astley Cooper, Richard Bright and Thomas Addison—to name only three, and their influence is given due significance. The reputations of hospitals are built by the officers who serve them, and the history of these institutions is largely a record of the achievements of

their respective staffs. These cannot all be recorded in the text, but Dr. Cameron provides in the appendices lists of the staffs of the various departments. This volume is beautifully produced and well illustrated. It does great credit to the author, and to the Endowments Committee of the Board of Governors of Guy's Hospital, which has met the expenses of authorship and publication.

J. L. THORNTON.

Elements of Surgical Diagnosis by Pearce Gould, revised by Sir Cecil Wakeley. Tenth edition, pp. 586. Published by Cassell and Co. Ltd. Price 18s. 6d.

During the short time spent on a surgical firm the student is usually kept so occupied that there is little time for reading anything comprehensive about surgery. This book, however, is intended merely as one of reference and not one to be read through from cover to cover at one long session. It has been carefully revised—there is an interval of seven years since the appearance of the previous edition—and Sir Cecil Wakeley has kept strictly to diagnosis of conditions, and has not wandered at all into the realms of surgical technique—a common fault in books of this nature. It should prove useful to student and postgraduate alike as the information it contains is both detailed and comprehensive.

Basic Anatomy by G. A. G. Mitchell, O.B.E., T.D., M.B., Ch.M., D.Sc., and E. L. Patterson, M.D., Ch.B., B.Sc. E. & S. Livingstone Ltd., London and Edinburgh, pp. 438-viii; 286 figures. 1954. 45s.

In this monograph basic anatomy comprises essentially those aspects of general anatomy which in the larger textbooks are commonly dealt with in the introductory sections to the various body systems, and which consequently perhaps are often neglected by the avid reader anxious to sample the more particularised and subsequent topographical matter. Little or nothing new by way of anatomical data is to be expected therefore in such a work—which primarily affords its authors scope for some personal idiosyncrasy in the mode of selection and presentation of established information. Commendable enough in its scheme, the book is handsomely produced and the majority of its illustrations, particularly the radiographs and histological pictures, maintain a high standard of excellence.

The work is not an anatomy, but an introduction to anatomy. The authors' claim, that it will prove intelligible and useful to the beginner in anatomy and physiology devoid of previous biological training, seems, however, somewhat temerarious. The work is much more likely to appeal to the established student, already engaged in dissecting room and laboratory and wishful to consult a handy ground plan of study.

The attempt to embrace so much within a limited compass has resulted in some unevenness of presentation and emphasis. It is doubtful whether necessarily compressed accounts of anatomical history and of human palaeontology can ever prove successful and it is certainly disadvantageous that the autonomic nervous system should be accorded so detailed a consideration to the detriment of, say, the pyramidal and extrapyramidal

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pathways, which, considering their clinical importance, receive here surprisingly short shrift. It is unfortunate that pictorial and textual reference to the exceptional Ruxton case should foster the mischievous notion of a close correlation between facial features and underlying facial skeleton: were such correlation as frequent or as close as is implied, physical anthropology would be a simpler discipline than it is. It is doubtful whether any competent primate embryologist would uphold the authors' contention that in the earliest weeks of intrauterine life all primate embryos are indistinguishable: elsewhere too an Haecklian shadow falls athwart the page. The account of prenatal development seems to fall below the standard of other sections: a clearer presentation might have been expected of the mode of implantation and of placental type. The preface is marred by a somewhat pontifical style. A most commendable feature of the book is the exhaustive glossary provided, which should substantially aid in repairing the educational defects of the modern medical student.

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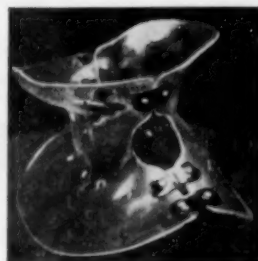
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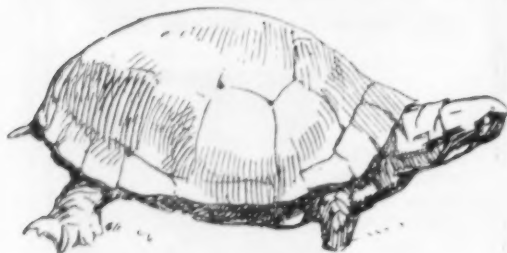
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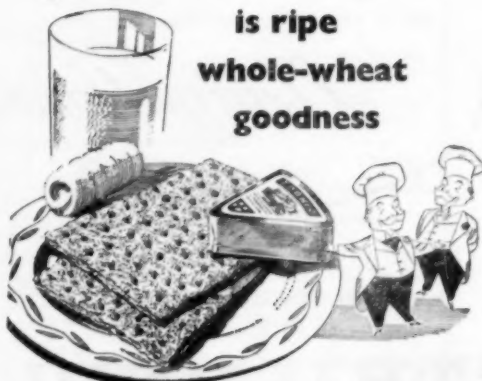
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